Being a therapist in difficult therapeutic impasses

A hermeneutic-phenomenological analysis of skilled psychotherapists' experiences, needs, and strategies in difficult therapies ending well

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ABSTRACT

The aim of this thesis is to explore from the first person perspective the experiences of processes involved in difficult therapies that are resolved constructively. The methodological approach towards this aim is qualitative inquiry. The participants are twelve highly skilled psychotherapists from various theoretical affiliations, who were interviewed in-depth about their experiences. The data material of the thesis comprises the recalled experiences from specific difficult therapy processes that turned out well. A hermeneutic-phenomenological framework guides the study, with a strong emphasis on researcher reflexivity in the process of designing, sampling, carrying out, analyzing and presenting the findings.

The findings of the thesis are presented in three separate articles, two of which are already published in scientific journals and one that is currently under review. The individual articles present different parts of the rich data material, as well as different perspectives on the therapists' subjectivity in resolving therapeutic impasses. The first article reports core categories in the inner work the participants undertook during the impasses. The second article reports the extra-therapeutic needs and strategies that the participants experienced during the most difficult period of the impasses. The third article reports the experiences of the patient as an active agent in the healing process through the impasse situations.

LIST OF PAPERS

Paper 1:

Moltu, C., Binder, P.E., & Nielsen, G.H. (2010). Commitment under pressure. Experienced therapists' inner work during difficult therapeutic impasses. *Psychotherapy Research*, 20, 309 - 320.

Paper 2:

Moltu, C., & Binder, P. E. (2010). The Voices Of Fellow Travellers: Experienced Therapist's Strategies When Facing Difficult Therapeutic Impasses. *British Journal of Clinical Psychology, iFirst awaiting paper issue*.

Paper 3:

Moltu, C., Binder, P. E., & Stige, B. (submitted). Collaborating with the patient in the struggle toward growth: Skilled psychotherapists' experiences of the patient in difficult therapies ending well. *Journal of Psychotherapy Integration.*

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"The relation to the Thou is direct. No system of ideas, no foreknowledge, and no fancy intervene between the I and Thou. The memory itself is transformed, as it plunges out of its isolation into the unity of the whole."

Martin Buber, I and Thou, 1958

"There is something going on in one human being relating to another, something inhering in the *Mitwelt*, that is infinitely more complex, subtle, rich, and powerful than we have realized."

Rollo May, The Discovery of Being, 1983

1. GENERAL INTRODUCTION TO THE THESIS

The main aim of the current thesis is to explore skilled therapists' experiences from difficult therapeutic impasses that later turned out well, to be able to obtain descriptions of important processes involved in such situations.

The main aim is motivated by a lack of understanding of the phenomenological aspects of such concepts as for example *the alliance* and *the therapeutic relationship* in the field of contemporary psychotherapy research. It is further motivated by the convergent understanding between different psychotherapy affiliations about the need for sound *contextual, multidirectional* and *relational* bases for understanding the therapeutic process. Finally, on a

more personal level, it is motivated by the sense of awe, mystery, and interest that I experience when I consider the fact that psychotherapy processes are shown to have great healing potential. In studying experiences from impasse situations that later turned out well I hypothesized that I could gain access to phenomena important to the growth processes that are documented to take place in good psychotherapy.

To reach my aim I performed in-depth interviews 12 skilled psychotherapists from the main schools of psychotherapy education in the contemporary professional field in Norway. I have used qualitative methods to analyze the transcribed data material.

The analyses were carried out within a hermeneutic-phenomenological framework. This framework builds on an epistemology that understands our knowledge of the world as necessarily an act of interpretation. This interpretation happens on the basis of one's foreknowledge; that is, the way of understanding that one is already engaged in, when one meets with new experiences. This means that the context you are embedded in, when trying to understand some phenomenon, will be part of the knowledge that you produce. Thus, an open discussion of this context becomes important to the research process.

I will emphasize and discuss the context of the study, to carry out this thesis in line with a hermeneutic-phenomenological theory of knowledge. The participants in my study are embedded in a specific context when giving meaning to their experiences in the interview situation. I as researcher am equally embedded in my contextual understanding. The resulting findings cannot be understood outside this context. In the following sections I will therefore review developments within the professional context that I as researcher, and possibly also the participants of the study, interpret experiences from.

In section two I present some major issues within the theoretical development of main psychotherapy theories over the recent decades. Psychotherapy theories offer linguistic tools, a set of available metaphors, and guidelines or principles that we as clinicians use to interpret and act on what we experience together with the patient in the clinical encounter. Psychotherapy theory is one important context for understanding how and why the findings in this thesis are represented and analyzed as they are. In section two I argue that the main psychotherapy theories have been through a turn toward relational formulations over the past few decades.

In section three I review relevant empirical research, especially related to *common factor*-concepts such as the alliance, relationship factors, and the therapist's contribution as a person to change processes. Results from empirical studies, especially on the meta-analytic level, function to a professional field as a guide to what we think we know at given time. They establish truths or evidence that guide our active participation in the field. I review findings from both meta-analytic studies and individual studies to present the context of knowledge that functions as a point of departure for the present thesis.

Put simply, section two and section three represent what I already understand, or think that I know, in entering the process of this study. The exploration in this thesis becomes meaningful in relation to this background, possibly by changing, differing from or expanding on what is already understood. In section four I further detail the aims of the thesis and tie them to the presented background.

In section five I discuss the methodological and epistemological bases of the thesis. These aspects represent the means that I chose in the effort to reach the aims, and the theory of knowledge that underlies the analyses of the data material. Performing a study of psychotherapy processes employing qualitative methods is likely to be different today than, say, 20 years ago. Methodological approaches develop, both in themselves and in relation to their place in the field of psychotherapy research. This represents an important context for understanding how the current study could be performed. I present epistemological considerations, and argue that epistemology drives methodology. By this I mean that one particular theory of knowledge makes possible a certain range of methods for data collection and analyses.

In line with a hermeneutic-phenomenological framework, I also present a discussion of the process of reflexivity in the methods section. I acknowledge that many would place this under the main discussion section of the thesis. However, I think that such a composition runs the risk of making reflexivity a post-hoc consideration of influences, functioning more as a scholarly plight. Rather, I consider reflexivity the cornerstone of interpretative qualitative inquiry, a continuous process of self-awareness from the foreknowledge guiding the research questions, through the ongoing engagement with the study, to the analytic and presentation phases.

In section six I very briefly introduce the three individual journal articles that comprise the main part of this thesis. The individual articles present particular analyses and discussions of the rich data material. I section seven I discuss how the individual articles in separate ways relate to the thesis' aim of exploring impasse experiences. As each individual article includes a section where findings are discussed in relation to the theoretical and empirical context

presented in section two and three, so this is not the main objective of section seven. I further discuss the implications for further research and the limitations of this particular study.

2. THEORETICAL CONTEXT

2.1 Recent developments in main psychotherapy theories – one person and two-person perspectives on change processes

In the field of clinical psychology are theories on different levels of abstractions. One can have a theory about specific phenomena, for example the function of a symptom, or the trigger of a dissociative reaction. This can be the case when it comes to theories of psychotherapy also; one can select one part or detail as the object, and make theoretical formulations of this specific instance. For instance, one could choose to explain the instance of patient improvement by frequency of transference interpretations, by evoking object-relation theory, or by the concept of interpersonal insight. Still, such theories of specific interventions would in themselves lack important essentials to be considered a sufficient theory of psychotherapy. Main theories of psychotherapy need, in the least, concepts and formulations based on sound psychological theory, a theory of suffering and of how suffering is alleviated, and also a theory of which processes are operational or functional in therapy (Wampold, 2007). Traditionally, when it comes to main psychotherapy theories, psychodynamic and psychoanalytic psychotherapies are grouped together, humanistic / existential / experiential theories are grouped together, the systemic approaches are considered one group, and the cognitive / behavioural / learning oriented approaches are considered one school of thought. In this thesis I will concentrate on theoretical models for individual therapy, and not focus on systemic approaches.

The psychodynamic and the humanistic / existential / experiential approaches have traditionally focused more on the psychotherapy process as such, while the cognitive and behavioural approaches have focused more on clear-cut goals and procedures. The systemic approaches have placed themselves somewhere in-between on the process-procedure continuum. However, these schools of thought also overlap in their understanding in important areas, and perhaps increasingly so. Brief psychodynamic and humanistic approaches, such as short-term dynamic psychotherapy with desensitization of affect phobias (Kuhn & McCullough, 2004; McCullough, et al., 2003; McCullough Vaillant, 1997) and emotion focused therapy (Greenberg, 2002) work to integrate a focus on therapeutic procedures with theoretical and clinical sensitivity to process, while the development of constructivist and mindfulness based approaches to cognitive behavioural therapies lead to a stronger emphasis on process and relationship (Hayes, 2004; Mahoney, 1995).

Theoretical eclectism and the common factor approach in psychotherapy research offer opportunities for theoretical integration between schools of psychotherapy (Wampold, 2008), but their value in building sound theory and guiding practice is contested (Lampropoulos, 2001). One important point in the critique of these strategies of integration is that the concepts of different theoretical approaches are embedded in the linguistic context of their respective tradition, and will lose and take on new meaning when removed from their original place and incorporated into eclectic approaches (Safran & Messer, 1997). An alternative approach is assimilative integration, where procedures from

> “different theoretical approaches are incorporated into one’s main theoretical orientation, their meaning inter- acts with the meaning of the “host” theory, and both the imported technique and the pre-existing theory are mutually transformed and

> shaped into the final product, namely the new assimilative integrative model." (Lampropoulos, 2001, p. 9)

The advantage of the assimilative approach is that the clinician or researcher may coherently and meaningfully develop his or her theoretical understanding and clinical practice. In the assimilative approach this is done by hermeneutically engaging with new experiences from a perspective of fore-knowledge based in one's theoretical affiliation. Such assimilative integration is happening within and between the different schools of psychotherapy, something that also can be seen through parallel processes in the schools' theoretical development.

As I will show further, the different theoretical schools share important processes in their recent development towards theoretical inclusiveness and affinity for intersubjective phenomena, a development that adds complexity to their theoretical formulations. This thesis' project is situated within a theoretical and empirical context where psychodynamic, humanistic, existential, integrative and cognitive behavioural psychotherapy theories all entail a stronger focus on relationship phenomena, mutual presence and intersubjective experiences, in their development of useful concepts. This is an interesting development, also because it occurs parallel to a powerful contemporary administrative movement aiming to keep a medical model, with its discrete, easily quantifiable concepts, the scientific and theoretical ideal of psychotherapy research (Wampold, 2001). A development in research and theory that is contrary to what is most readily endorsed by grant-bodies and policy-makers, suggests that the theory-building is motivated by research data rather than preconceptions, by clinical experiences rather than policies. As will be argued, the developmental lines of the most influential psychotherapy theories during the last decades suggest that some important

relational concepts are being integrated, that were not easily assimilated into the original intrapsychic formulations of dynamic, behavioural and learning oriented theories. As a research project can never be carried out in a vacuum, but is dependent on previous development of knowledge and the theoretical *zeitgeist* to form its research questions and its approach, a more thorough presentation and consideration of the theoretical background of the field is offered to contextualize the project and the findings.

2.1.1 Development in psychodynamic theory and practice

The past three decades have seen a relational turn in psychodynamic theory. The essence of this turn is the growing emphasis on processes of mutuality, inter-affectivity and affect regulation, and reciprocity between therapist and patient in therapy (Aron, 1996; Beebe & Lachmann, 2002; Stolorow, Brandshaft, & Atwood, 1995). Under the heading *relational theory* or *relational psychoanalysis* we find theoretical approaches that share a view of the human mind as interactive rather than monadic. In the relational turn of theory, the object of therapy is understood as both the intrapsychic phenomena in the patient (e.g., conflict, developmental deficit or object-relations), and also as the psychological field created by the interplay of the therapist and the patient (Altman, Briggs, Frankel, Gensler, & Pantone, 2002; Aron, 1996; Mitchell, 2000). Theoretically trying to bracket out one of these two domains reduces the meaningfulness and usefulness of the resulting concepts. In building theory after the relational turn in this tradition, the focus has thus been on the integration of intrapsychic and interpersonal domains in the therapeutic process (Mitchell, 1993). This is to be understood as a reaction to more classical and orthodox formulations of dynamic therapy theory in which interpersonal processes are understood almost exclusively as projections of intrapsychic processes within the patient. In such formulations, the therapist was understood through the metaphor of the neutral “blank screen” (Freud, 1912/1992), only to a very

restricted degree participating as a real person in the therapeutic relationship. An implication of the relational turn in theory is that the subjective presence of the therapist, with his or her own intrapsychic processes, is to be considered important in the co-constructed field that is the focus of therapy (Aron, 1996, 2006; Mitchell, 1993, 2000; Stolorow, et al., 1995). This has led to an extended focus on the actual interactional and intersubjective meeting between therapist and patient, and has led to the understanding of the therapist as more actively involved as a person in the therapy process (Aron, 1996, 2006; Benjamin, 1995, 2004; Mitchell, 1993, 2000).

The concepts of *thirdness* and *twoness of complementarity* have become important in the psychodynamic tradition's development of an appropriate theoretical formulation of the intersubjective and relational processes in therapy (Aron, 1996, 2006; Benjamin, 1995, 2004; Mitchell, 2000; Moltu & Veseth, 2008; Veseth & Moltu, 2006). *Thirdness* is a quality or experience of a certain kind of relatedness, a relatedness where each party recognizes the separate subjectivity of the other, the subjective presence of oneself, and at the same time the contact between the two. The metaphor shows to the third subjective position that arises from these premises; that is, the process of intersubjective meaning making that is irreducible to neither of the two subjects in the relationship. Reconsidering Winnicott's (1971) "squiggle game" can help illustrate the meaning of the concept of thirdness. In this game, the therapist starts with drawing a squiggle, a line that the patient expands on into a figure. Then, the roles are reversed and the patient starts a new squiggle that the therapist makes complete. After some rounds of this, the joint creations often develop into meaningful drawings with potent therapeutic content. In this process, neither of the participants alone contributes with the meaning that leads to therapeutic interaction, as it grows out of the intersubjective processes between them. Finlay (2009) explores the same processes in verbal interaction from a

relational phenomenological perspective, and highlights interactional qualities that lead to processes of meaning creation that are irreducible to either of the participants in the interaction. The concept of *thirdness* is important to the understanding of how meaning is developed and experienced in psychotherapy. Intrapsychic formulations situate the creation of linguistic meaningfulness in the potential space between the subject and the subject's experiences, whereas the intersubjective formulation of *thirdness* also includes the world of other subjectivities in the process of creating meaning out of experiences. Meaning and selfhood, the relational tradition will posit, grow out of the potential space that can occur *between* subjectivities in mutual recognition of each other.

Originally a feminist critique of object-relation theory, in which the mother is seen as an object for the infants' intentionality, *thirdness* has further been developed as a clinical process concept (Aron, 2006; Ogden, 2004). Benjamin (1995, 2004) critiques object relation theory for understanding the mother solely as an object for the infants wishes and needs. For the infant to develop a sense of subjectivity and separateness, she argues, it needs to recognize the mother as a separate other, with her own needs and wishes. She argues that the object relation tradition's intrapsychic formulation misses phenomena of play, musicality, improvising, mutuality and human growth through relationship, phenomena important to both mother-infant interaction and the therapeutic process. Considering the infant-caregiver relationship in relation to the patient-therapist relationship will of course point towards important differences. It will appear difficult to accept this primary relationship as a metaphor for the therapeutic relationship, as the dependent infant cannot represent the autonomic patient. The relational or intersubjective tradition does not evoke such a metaphorical understanding, but underscores the primary and pre-verbal processes in this relationship as salient in interpersonal regulation throughout life, and that processes from early regulatory relationships

will also be salient in later relationships, such as the psychotherapeutic one. This understanding is in line with research on attachment (see for example Fonagy, Gergely, Jurist, & Target, 2004). Benjamin (2004) claims that all human relationships alternate between *thirdness*, a subject – subject relationship with mutual recognition, and *twoness of complementarity*, a subject – object relationship where both participants experience being done something to rather than being recognized. Growth and new meaning, she argues, come from the processes of *thirdness.* This formulation offers important insights for therapy processes, which become especially evident in the context of difficulties such as stagnations and impasses.

2.1.2 Development in humanistic and existential psychotherapy theory and practice

Humanistic and existential psychotherapy theories have developed from philosophical inceptions, and understand *being* as *being related to,* or *being with,* other beings. Heidegger (1927/1978) formulated a phenomenological foundation when he highlighted that, from an experiential point of view, we are separate beings and at the same time inseparably related to a shared world. Heidegger used the word *dasein* to describe the ontological relatedness of every human being to his or her context, and this was adopted to psychotherapy practices through the concept of the *dasein*-analysis (Boss, 1963; Craig, 2008). In this view, it is the genuineness of the relatedness that contributes to psychological health, and the world is a world of others. Buber's (1958) philosophy of I-It versus I-Though relating marks a shift in the theoretical underpinnings of existential therapy theory, and lies the foundation for a dialogical development within this approach (J. A. Buber, 1999). As suggested by the opening quotation, Buber was deeply interested in phenomena of human contact and interaction, and his philosophical formulations of the I-It and I-Though relationships bare strong similarities with the later formulations of intersubjective thirdness and twoness in the relational tradition

(Aron, 2006; Benjamin, 2004). May (1983) builds on Buber's work when he stresses the need for psychotherapy theories to account for the actual encounter between therapist and patient. Psychotherapy, he claims, is a total relationship between the two participants, a relationship that entails the subjective being of both. He underscores the concept of the "Mitwelt", the world of interpersonal relations, processes where each individual's subjective position is transcended, and where feelings, experiences and perspectives are shared and co-created (May, 1983). In Buber's (1958) formulation the I-Though relatedness involves a deep mutual recognition of each other's subjective presence, relatedness and separateness. The dialogical perspective within the humanistic-existential tradition develops these formulations further, theorizing that psychological suffering arises in I-It relationships, and that psychological growth develops through I-Though relatedness (Schneider, 2007).

May (1983) defines areas of future psychotherapy research and thinking when he states that

> "there is something going on in one human being relating to another, something inhering in the *Mitwelt*, that is infinitely more complex, subtle, rich, and powerful than we have realized. The chief reason this hasn't been studied, it seems to me, is that we have no concept of encounter, for it was covered up by Freud's concept of transference" (p. 23).

Almost 30 years have passed since Rollo May's definition of the Mitwelt as an undiscovered area of therapeutic power, and parallel to relational developments in the dynamic tradition as mentioned above, theories of the actual encounter between therapist and patient have been developed in the existential-humanistic approaches. Schneider and Krug (2010) review the theoretical development of the existential-humanistic approach up until today, and highlight

the importance of intra- and interpersonal presence within this tradition. Presence on the therapist's part is defined by Bugental (1987) as a) availability and openness to the client's experience, b) openness to one's own experience, and c) capacity to respond to the client from this experience. Presence is further focusing on the present moment, such as in the definition of presence as bringing one's whole self to the engagement with the client and being fully in the moment with and for the client (Geller & Greenberg, 2002). Geller and Greenberg (2002) claim that this understanding of presence is an aspect of Buber's formulation of the I-Though relationship, and that "healing emerges from the meeting that occurs between two people as they become fully present to each other" (p. 73). This focus on presence leads to an integration of experiential approaches in the existential tradition, such as the "Existential-Integrative (EI)" approach of Kirk Schneider (Schneider, 2007) and the experiential and emotion-focused psychotherapy tradition of Leslie Greenberg (Greenberg, Watson, & Lietaer, 1998).

2.1.3 Development in the cognitive behavioral psychotherapies

Cognitive therapy has developed since the 1950s, when two developments of psychological knowledge emerged. Academic psychological research developed new and strong understanding of the cognitive processes of attitudes and beliefs, and, parallel, developments within information processing technologies gave rise to computer metaphors in describing the human psyche (Gilbert & Leahy, 2007). This led to a beginning conceptualization of the human being as an information processing system. Breaking with psychoanalytic ego psychology, founding fathers of cognitive therapy such as George Kelly, Albert Ellis and Aaron Beck "shifted the therapeutic process from one of interpretation of unconscious material to one of education with the use of Socratic questions and evidence testing" (Gilbert & Leahy, 2007, p. 5). This was, in line with the general Zeitgeist of the time, an

understanding of the intrapsychic as the object of therapy, and of the patient's suffering as resulting from maladaptive information processing leading to maladaptive schemata or beliefs. In the 1970s, cognitive therapy joined forces with behavioral therapy to form what is now commonly named cognitive behavioral therapy (CBT). CBT builds theoretically on information processing theory and research on decision-making on the one side, and experimental research on classical learning theory on the other side. CBT has proven particularly apt to operationally define central intrapsychic concepts and change factors, and has also demonstrated effectiveness in treating different psychological problems in experimental settings within this theoretical framework (Castonguay & Beutler, 2006).

The past two decades have seen a development within CBT toward a further theoretical focus on relational phenomena (Hardy, Cahill, & Barkham, 2007; Katzow & Safran, 2007). This seems motivated by clinical experiences of the hard-to-engage patients, development of cognitive therapy principles for patients with personality disorders, and empirical process-outcome studies which point toward the need for relationship concepts and training in handling relationship issues (Gilbert & Leahy, 2007; Safran, 1993, 1998; von der Lippe, Monsen, Rønnestad, & Eilertsen, 2008). This represents a move away from premises laid by demands from the scientific ideals of a medical model of causality to the phenomena of clinical interaction with a variety of patients. Katzow and Safran (2007) emphasize that

> "CBT has traditionally separated the 'non-specific' factors, such as the alliance, from technique, which has been seen as the central agent of change. This has sometimes led to a de-emphasis of the therapeutic alliance. Today, many cognitive behavioral therapists conceptualize the alliance as an integral part of the treatment" (p. 91).

As the general field of cognitive therapy has matured through consistent and repeated demonstration of general effectiveness, a growing focus on contextual factors rather than specific factors, complexity rather than theoretical reductionism, has emerged. As Hayes, Follette and Linehan (2004) point out: "a set of new behaviour therapies has emerged that emphasizes issues that were traditionally less emphasized or even off limits for behavioral and cognitive therapists" (p. xiii). Under the general label of CBT, different theoretical orientations or psychotherapy theories have been developed, such as dialectical behaviour therapy (DBT) (Linehan, 1993; Swales & Heard, 2007), acceptance and commitment therapy (ACT) (Hayes, 2004; Pierson & Hayes, 2007), the alliance rupture and repair tradition (Katzow & Safran, 2007; Safran, 1993, 1998; Safran & Muran, 2000), and mindfulness based cognitive therapies (Segal, Teasdale, & Williams, 2004). These approaches have in common a focus on relationship process and variables between therapist and patient, the subjective presence of the therapist in the therapy relationship, and the interactional qualities of the present moment in therapy. Reviewing the role of the therapist's subjectivity in the development of the different schools of psychotherapy, Gelso and Hayes (2007) noted that

> "several contemporary cognitive-behavioral therapies view the therapeutic relationship and the therapist's feelings toward the patient (including countertransference) as very significant […] the therapist is not only expected to feel a lot and show his or her feelings, but the therapist's feelings are a fundamentally important part of therapy" (p. 83).

For a theoretical approach to be truly relational, the relationship concepts must entail the subjectivity of both parties in the dyad. As Gelso and Hayes (2007) work show, recent developments within CBT have developed this understanding, parallel to the psychodynamic

and humanistic/existential approaches. As such, the recent developments within cognitive behavioral therapy strengthen the claim that also this tradition has seen a shift in the last two decades, a turn from specific intrapsychic formulations to a focus on process, relationship and a contextual understanding of psychological problems.

2.1.4 Section summary and implications

Psychotherapy theory is constantly in the process of being developed further. The reason for a cross-theoretical presentation of the development of psychotherapy theory over the last decades is to establish an understanding of the zeitgeist of today in relation to its historicity. The zeitgeist is a compilation of the available understanding that a field has developed in meeting the phenomena of the lived world, and something that gives energy and direction to the exploration of phenomena not yet sufficiently understood. The formulation of hermeneutics, known for example from Heidegger (1927/1978) and Gadamer (1960/1975) can be descriptive of this development. Within hermeneutics, understanding is constantly being developed further in the emerging tension when fore-knowledge, existing theory or pre-conceptions are insufficient for explaining new experiences. Psychotherapy theory is informed by such different areas as experiences from clinical practice, findings from qualitative psychotherapy research, results from large scale quantitative psychotherapy research, and also by developments in infant research, developmental psychology and attachment theory (see for example Beebe & Lachmann, 2002; Bråthen, 2007, 1998; Fonagy, et al., 2004; Trevarthen, 1998), and more recently, by development in neurobiological research and knowledge (Fuchs, 2004; Gabbard, 2000; Gallese, 2003; Hart, 2008). These pools of experiences constitute important phenomena to be integrated in theoretical formulations in the creation of knowledge in the field. The relational turn in the main psychotherapy theories has occurred parallel to a growing consensus in these different

experiential domains or pools of knowledge. This consensus understands human beings as socially oriented in their constitution, intersubjective in their development of self-understanding, and born with an inherent capacity for and need for relating.

We can clearly see a turn in different branches of contemporary psychotherapy theory from focusing on intrapsychic phenomena such as conflict, resistance and maladaptive thinking, to relational phenomena such as mutuality, genuine presence, affective regulation and dys-regulation, and so forth. Mature psychotherapy theories are continually in the process of developing a language that integrates both intrapsychic and interpersonal dimensions of being human in their understanding of the therapy process. This can generally be understood as a shift from a one-person to a two-person psychology (Wachtel, 2008). A one-person psychology will consider therapy a place where only the intrapsychic dimensions of the patient will compose the object of therapy, whereas the two-person psychology will see the object of therapeutic intervention as jointly created by two co-participants, the therapist and the patient, and that the focus of therapeutic intervention is irreducible to either one of them (Hill & Knox, 2009).

To varying degrees, and using different concepts to represent these phenomena, we can observe this shift in the dominant psychotherapy theories in the field. The shift represents a theoretical turn in mainstream psychotherapy theories on an ontological level, that is, a turn in the understanding of the nature of being a person, and the nature of being a self among other persons.

3. EMPIRICAL CONTEXT

3.1 Research on change factors in psychotherapy on a meta-level

Through the last century, research questions in empirical psychotherapy research changed from “does psychotherapy work”, via “which form of psychotherapy works best”, to “what works in therapy?” The development of these research questions leads to a change in the ideals and models informing the design and carrying out of psychotherapy research.

As the body of documentation grew, stating that psychotherapy as a general form of practice was beneficial as treatment of psychological distress, psychic disorders and suffering, and as the public increasingly recognized this as a fact, researchers focused more on specific factors that contributed to change in therapy. Norcross (2002b) summarizes meta-analyses and reviews of 60 years of psychotherapy research, and provides empirics and arguments for the following conclusions:

> “1. Psychotherapy is successful in general, and the average treated client is better off than 80% of untreated subjects.
> 2. Comparative studies of psychotherapy techniques consistently report the relative equivalence of therapies in promoting client change.
> 3. Measures of therapeutic relationship variables consistently correlate more highly with client outcome than specialized therapy techniques. Associations between the therapeutic relationship and client outcome are strongest when measured by client ratings of both constructs.
> 4. Some therapists are better than others at contributing to positive client outcome. Clients characterize such therapists as more understanding and accepting, empathic,

> warm and supportive. They engage in fewer negative behaviors such as blaming, ignoring, or rejecting." (p. 26)

These conclusions are cooperatively developed by APA's Division 29 Task Force (Ackerman, et al., 2002). The conclusions support Wampold et al.'s (1997) findings from the vast meta-analyses of 277 comparative psychotherapy studies, showing that specific or technical factors are of inconsiderable significance to variance in outcome. Wampold (2001) reviews his own research and the literature and concludes that factors common to all professional psychotherapy settings, such as the quality of the alliance, the therapeutic relationship, the therapist, and the patient account for a significant part of the variance in outcome, and that such factors are thus fruitful for future research. As the construct of, for example, the therapeutic relationship or the alliance, is more complex than, for example, rate of adherence to discrete homework assignments of thought registrations, the need for conceptual work and advanced designs in research programs has become higher, and the field is very much still in the process of creating good studies.

Both Wampold's work and the work of the Division 29 Task Force have been important in changing the focus of research in the field, from comparisons of different specific and often manualized techniques, to processes, to relationship factors, to therapist contributions and to patient contributions to change. This represents a move from linear models of causality to more complex contextual models of bidirectional influences between necessary factors. Wampold's (2001) motivation for undertaking such research seems at least partly to be a response to the growth of the definitional power of health care systems funding and reimbursing treatment research and psychological treatment. Funding organizations are motivated to conceptualize psychotherapy within the framework of a medical meta-model to

gain economical control over treatments. This yielded, and is by many still perceived to yield, a potential threat to open and sound exploration of interesting and necessary research topics using a wide range of research methods. The medical meta-model builds on a linear model of causality, where therapy is understood in terms of the therapist adding something specific to the patient that causes him or her to get better from the distress or disorder that he or she suffers from (Wampold, 2001). This logic underlies traditional RCT-designs that compare groups that get different manualized forms of treatment with hypothesized discrete and specific interventions. In using the results from meta-analyses of such studies in arguments against the medical meta-model as framework for psychotherapy research, Wampold (2001) established that psychotherapeutic practice can best be conceptualized within a contextual model, which necessitates a holistic common factors approach that allows for the complexity involved in the practices.

3.1.1 A contextual model of techniques and the therapeutic relationship

However, although specific or technical factors in Norcross' (2002b) and Wampold's (2001) meta-analyses do not account for a significant part of the variance in outcome, it would be reductionist to leave these out of psychotherapy research all together. When considered in non-comparative research, specific mechanisms of change such as insight and behavioural activation is shown to have an effect (Hill & Knox, 2009). Castonguay and Beutler (2006) edited the work of a task force sponsored by the Division 12 of the APA and the North American Society for Psychotherapy Research. This task force reviews psychotherapy research, and has worked to integrate three domains of factors in relation to the treatment of people in specific groups of disorders. Two of their domains consist of common factors: participant factors and relationship factors. Their third domain consists of technique factors in relation to specific groups of disorders. The important contribution of this work is that they

work to integrate the understanding of relationship factors and technical factors, into guiding principles. This expands on the understanding of both relationship and technique in line with a contextual model. How can technical interventions be carried out apart from the relationship between the therapist and the patient? Would any relationship be therapeutic if the sessions were void of any professional and technical understanding?

Beutler, Castonguay, and Follette (2006) conclude: "Principles of techniques usage are only of value if carried out within the context of a good therapeutic relationship" (p. 114), and further that "Relationship factors, because they form the foundation on which to build effective treatments, may signal adherence to these principles as a high priority in developing treatments. Developing a positive working relationship should probably be considered the first task of the clinician" (ibid, p. 116). The quotations highlight the inseparability of relationship phenomena and technical interventions when technique is understood at the level of principles guiding practice (Levitt, Butler, & Hill, 2006; Levitt, Neimeyer, & Williams, 2005). This inseparability is exemplified for example within the research on mentalization based treatment for borderline personality disorder (see for example Bateman & Fonagy, 2004), where the specific ingredients are formulated relationally as attitudes, focus for presence, internal work and listening skills on the therapist's part. In line with Wampold's (2001) analyses, this is an understanding of technique within a contextual meta-model rather than static interventions within the medical meta-model.

3.1.2 Section summary and implications

What are the general conclusions from the work that has been done on studying change factors in psychotherapy within a contextual model? It is well established that common factors, such as the therapeutic relationship (Ackerman, et al., 2002; Hill & Knox, 2009;

Norcross, 2002b) and the working alliance (Bordin, 1979; Hill & Knox, 2009; Luborsky, 1994; Safran & Muran, 2000) are robustly correlated with outcome, but that problems with operationalization and conceptual definitions still exist (Hersoug, Høglend, Havik, von der Lippe, & Monsen, 2009; Hill & Knox, 2009). Development to fit our concepts and research approaches to the complexity of the practices in question is needed. It is also well established that participant factors, such as characteristics of the therapist and characteristics of the patient (Ackerman, et al., 2002; Castonguay & Beutler, 2006; Wampold, 2001) are predictive of outcome. Important research exists on such participant factors (Hill & Knox, 2009), some of which will be reviewed in later sections. Specific factors, when understood at the level of principles, and when considered in relation to specific clusters of patient problems, and when being carried out in the context of a healthy therapeutic relationship, are shown to contribute to change (Beutler, et al., 2006; Castonguay & Beutler, 2006; Levitt, et al., 2006; Levitt, et al., 2005).

Summarized, meta-analytic studies converge toward consensus that research on specific factors removed from the complex context in which they naturally arise yield disappointing results when it comes to strength and effect sizes. They point towards the need for understanding the practice of psychotherapy within a contextual model consisting of two persons who continually make meaning and actively relate to each other. Studies that aim to bracket out one specific element in this contextual model risk losing the meaningfulness and consistency of its results. In the actual process of psychotherapy with a given patient, therapists will hardly find meta-analyses of different factors contributing to change very informative or guiding. Knowing, for example, that the quality of the therapeutic relationship accounts for a large and significant portion of the variance in outcome, can lead to despair rather than ease for the therapist who is stuck in an impasse with his or her patient. In such

situations, meaningful concepts to support the search for understanding of what is going on in the relationship with the patient seem more clinically relevant. Supporting a detailed understanding of specific moments in the process of therapy may not be the primary objective of the meta-analytic studies. Rather, they are post hoc summaries of the growing body of knowledge surrounding the practices at large, formulated on high levels of abstraction. As such, they have helped us understand the insufficiency of the metaphors of a medical model, and pointed towards the need for understanding relationship phenomena better. Meta-analytic studies make explicit where the field is moving toward a consensual understanding, and leave tangible areas where further empirical and conceptual work is called for. They point in directions where future research can constructively head and, more importantly, they point towards dead ends that seem not to lead anywhere. Meta-analytic studies guide our thinking when it comes to the general essence of our practices, but are less helpful when working with individual patients. They provide researchers with an ever evolving map which they can use to dig into areas that needs further exploration.

In the specific encounter with the individual patient, the clinician moves on the actual ground. Here, the sand is textured, the vegetation is diverse and there are ever-changing smells and sounds contributing to the totality of one's experience.

3.2 The alliance – ruptures and repair

In line with the development discussed above, the construct of the alliance in psychotherapy has enjoyed widespread interest during the last two decades, and the alliance is the most frequently mentioned common factor in psychotherapy research (Wampold, 2001), and the most frequently studied process of change (Castonguay, Constantino, & Holtforth, 2006). Refining an originally psychoanalytic concept, Bordin (1979) defined the working alliance in

psychotherapy as consisting of three components: goal, task, and emotional bond. He theorized that the strength of the alliance is attributable to the degree of agreement between the therapist and patient about the goal of therapy, the tasks intended to facilitate this goal, and an emotional bond, understood as the affective qualities of the relationship between the two parties of the dyad. Safran (1993) argued that this definition makes the alliance a rich and meaningful concept that highlights the strong connection between technical (task) and relational/common (bond) factors in relation to the intended outcome (goal), in the therapeutic process. With its focus on the mutual understanding of a goal, the alliance is more of a process construct than a static one. Theoretically, it is a trans-theoretical formulation in line with Castonguay and Beutler's (2006) notion that specific factors from various psychotherapy theories can not be meaningfully discussed outside the concept of a good therapeutic relationship. Many studies have reported results that support Bordins (1979) general hypothesis about the relationship between quality of the alliance and outcome (Hill & Knox, 2009), but the aggregated effect sizes are only moderate (Castonguay, et al., 2006; Martin, Garske, & Davis, 2000).

Safran and Muran (2000) expands on the understanding of the alliance in their development of a relational treatment guide, which builds on their stated premise that "in fact, one might say that the processes of developing and resolving problems in alliance are not the prerequisites to change, but rather the very essence of the change process" (p. 13). They emphasize the process qualities rather than the more static formulation of the construct. Consequently, Safran and Muran's (2000) work focused on therapists' interactional flexibility in the therapeutic process, on aspects of the patient's experience of the alliance as a key focus for exploration and interpretation, and on the therapeutic process as an ongoing negotiation at both conscious and unconscious levels. This represents a broadening of the concept in both an

intersubjective and phenomenological direction. Importantly, Safran and Muran (2000) argue that the alliance will inevitably be ruptured in the therapeutic relationship, and that the very process of repairing such ruptures is an important agent of change. Negotiating subjective presence in therapeutic relationships might provide insight into core relational themes in the patient's life, an enhanced sense of self as an agent in relational configurations, and corrective emotional experiences in a safe relationship (Safran & Muran, 2000). Studies exploring the formation and negotiation of the alliance understood as an interactional process (see for example Bedi, Davis, & Williams, 2005) contribute with essential knowledge about the phenomenological aspects of the alliance that further develop the clinical usefulness of the concept. Reviewing the research on the alliance, Castonguay et al. (2006) argue that the field needs to undertake work to heighten the phenomenological understanding and theoretical discourse around the patient – therapist relationship, and suggest that

> "…one route to better understanding alliance development, maintenance, and negotiation is to study expert therapists to determine, for example, how they first establish a good alliance, the flow that the alliance tends to take during the course of their treatment with responsive and less responsive patients, [and] how they attempt (successfully and unsuccessfully) to repair breaches of the alliance" (p. 275).

Silberschatz (2005) also hold that the phenomenological aspects of the alliance are not sufficiently understood. Exploratory research of actual and naturalistic processes may yield important findings about what it is in alliance negotiation processes that may contribute to healing, and how these processes come about and are enhanced. These are important questions that are yet to be thoroughly explored (Hill & Knox, 2009).

3.3 Research on the therapists' contribution to therapy processes

3.3.1 The therapist effect

Research shows that some therapists are consistently better than others at achieving good outcome with their patients (Kim, Wampold, & Bolt, 2006), a finding which is coined the therapist effect (Wampold, 2001). In initial meta-analyses the therapist effect was found to explain 9% of the outcome variance (Crits-Christoph, et al., 1991), leading Wampold (2001) to conclude that "the essence of therapy is embodied in the therapist […] clearly, the person of the therapist is a critical factor in the success of therapy" (p. 202). Similarly, Norcross (2002a) concluded that "converging sources of evidence indicate that the *person* of the psychotherapist is inextricably intertwined with the outcome of psychotherapy" (p. 4, italics in original).

However, the distribution and consistency of a general therapist effect is disputed. Elkin, Falconnier, Martinovich, & Mahoney (2006) analysed the same dataset as Kim et al. (2006), from the National Institute of Mental Health Treatment of Depression Collaborative Research Program, using hierarchical linear modelling, and reported no significant findings with regard to therapist effects. They concluded that this effect is unevenly distributed, with some therapists achieving exceptionally good outcome with their patients and some therapists achieving exceptionally poor outcome, whereas the majority of the therapists function at a mid-range level. Soldz (2006) reviewed Kim et al.'s and Elkin et al.'s results and suggested that the discrepancy of their results is an artefact resulting from the advanced statistical models used in the analyses. Researching general therapist effects is difficult due to the number of therapists, patients and treatments needed in crossed and nested designs. Lambert and Barley (2002) summarized research on psychotherapy outcome, and state that "we know both from research and experience that certain therapists are better than others at promoting

positive client outcome, and that some therapists do better with some types of clients than others" (p. 21). Meta-analytic studies of the hypothesis that some therapists generally achieve better with any patient than other therapists are thus inconclusive, though results are suggestive of therapist effects (Lambert & Barley, 2002).

3.3.2 Characteristics of well-functioning psychotherapists

Although there is a lack of conclusive evidence and understanding of a general therapist effect, a growing number of studies researching specific characteristics of therapists that are beneficial and malevolent to therapy processes do exist. Such studies may offer insights important to the present project. This field of research is in line with studies suggesting that therapist attributes rather than therapist activities are associated with good therapeutic processes (Horvath, 2005). The strategy to research this topic has been twofold. One can study which characteristics are associated with poor processes, rated by patients, independent observers or outcome measures, or one can study which characteristics are associated with good processes, by the same measures. A central premise is that negative processes can and will occur in psychotherapies, and the degree to which therapists can recognize and work well in such instances is important for being able to preserve a good relationship with the patient (J. Binder & Strupp, 1997). Put simply: How well a therapist can contribute to therapy processes seems to depend on how well he or she can recognize and be constructively present to interpersonal challenges that inevitably will occur in therapy processes.

Hersoug et al. (2009) found that the therapists' interpersonal style has an impact on the quality of the alliance, or more specifically that therapists that are high on cold and detached measures on the Inventory of Interpersonal Problems – 64 (IIP-64) achieve poor processes with their patients. Bachelor and Horvath (2006) summarized research on therapist attributes

leading to poor processes, and emphasize such characteristics as strong need for approval, high nurturing needs, heightened anxiety, and strong affect toward patients, as leading to countertherapeutic reactions on the therapist's part. Hill and Knox (2009) reviewed negative therapist contributions to the therapeutic relationship, and emphasized such characteristics as dogmatically maintaining one's position, blaming and pressuring the patient, being unresponsive, being pushy, and being unsupportive, as iatrogenic to the therapeutic process. Ackerman and Hilsenroth (2001) reviewed therapist characteristics negatively impacting the alliance, and reported, among other findings, that therapists who were perceived as rigid, self-focused, critical, detached, distant, lacking of warmth, moralistic, uncertain, defensive, blaming, unable to provide support, and who employed belittling and controlling techniques, contributed to poor processes and outcome, rated by both patients and observers. The authors concluded that "…therapist's personal attributes and use or misuse of therapeutic technique from a range of psychotherapy orientations influence the maintenance and deterioration of the therapeutic alliance as well as the establishment and progression of breaches in the alliance" (Ackerman & Hilsenroth, 2001, p. 182). Considering the presented list of therapist characteristics this conclusion is hardly a surprise. Although some therapists of course will exhibit a number of the negative interpersonal behaviours as a general rule, it seems unlikely that such features are normally descriptive of the majority of therapists who recurrently experience some therapeutic processes as stagnating and negative. Difficult parental introjects and problems with affective interpersonal relating are descriptive of many malfunctioning therapists, but this alone seems like an insufficient explanation alone for the therapists' contribution to negative processes in therapy.

In their empirical and theoretical work on countertransference, Gelso and Hayes (2007) move beyond the psychoanalytic origin of the concept, and work from the premise that negative

feelings in the therapist toward the patient occur in most psychotherapy processes. They argue that, as we now know that this is a normal phenomenon, the important question is how it is managed in training and actual practice. Based on a review of their own and colleagues' research, they offer a model for managing such feelings constructively in the therapeutic relationship (Gelso & Hayes, 2007). Especially important in their understanding is the notion that countertransference, or negative feelings toward the patient, is best understood in an interactional model. This means that the negative feelings in the therapist is at least in part co-constructed in the relationship with the patient's subjectivity, and that "patient triggers touch the therapist in a sore area, and if the therapist is unable to understand or control consciously his or her reactions, countertransference is likely to be acted out" (Gelso & Hayes, 2007, p. 131). Although the concept of countertransference is loaded with psychodynamic meaning and history, the focus of the authors, the research that they build on, and the insights that they offer, are trans-theoretical. As noted above, there is a growing interest in the therapist's own subjectivity in the process of psychotherapy within various theoretical affiliations, an interest motivated by experiences and empirics rather than theoretical homage. Considering again the negative therapist characteristics cited above, many of them indeed could be understood as acting out of unmanaged negative feelings toward the patient on the therapist's part. In their management model, Gelso and Hayes (2007) state that "therapist self-insight, empathy, self-integration, anxiety management and conceptualizing ability" (p. 138) are key factors in the therapist's process of working well with negative processes and events in therapy, which raises the question: How does this resonate with the research on positive therapist contributions to the process?

Ackerman and Hilsenroth (2003) reviewed the literature on therapist characteristics positively influencing the therapeutic alliance. They found that the therapist attributes of being flexible,

experienced, honest, respectful, trustworthy, confident, interested, alert, friendly, warm and open were associated with good therapeutic relationship and processes. Further, they found that the acts of exploration, depth, reflection, support, noting past therapeutic success, accurate interpretation, facilitating expression of affect, being active, being affirming, being understanding, and attending to the patient's experience were similarly associated with beneficial processes. These descriptions seem to form counterparts to the findings of negative contributions in Ackerman and Hilsenroth (2001). Considering the phenomenological aspects of these findings, the latter seem to portray the beneficial therapist as a person who is safe within him- or herself, with an ability to conceptualize and give meaning to experience, and that is able to stay openly present to whatever experiences come up in the relationship with the patient. This portrait of the contributing therapist is in line with Roger's (1957) conception of empathy and necessary conditions for therapeutic change, as well as Bugethal's (1987) and Geller and Greenbergs (2002) understanding of therapeutic presence. Using qualitative methods, Jennings and Skovholt (1999) studied the characteristics of peer-nominated master therapists. They found that these therapists have strong conceptualizing skills and value ambiguity and complexity; they have an emotional receptivity defined as being self-aware, reflective, non-defensive and open to feedback; they seem to be mentally healthy and mature individuals who are aware that their own emotional life affects the quality of their work; they possess strong relationship skills and consider the relationship with the patient as the key to therapeutic change; and they have a fine-tuned understanding of the balance between support and challenging together with the patient. Jennings and Skovholt (1999) conclude that master therapists "have developed cognitive, emotional, and relational domains to a very high level and have all three domains at their service when working with clients" (p. 9). As for the cognitive domain and affinity for ambiguity and complexity, a qualitative interview study of 12 seasoned psychotherapists by Rønnestad and Skovholt (2001) conclude that "therapists

need to (a) maintain an awareness of the infinite complexity of therapeutic work, (b) continuously reflect upon challenges and difficulties they encounter, and (c) resist premature closure" (p. 184 – 185). Jennings, Goh, Skovholt, Hanson and Banerjee-Stevens (2003) reviewed the literature on master therapists, and reveal among other things that master therapists inhabit the paradoxical characteristics of being driven to mastery, but never sensing they have arrived, having the ability of being fully present with another person, but often preferring to be alone, both being able to giving of themselves and nurturing own needs, and, further, that they are drawn to complicated and metaphorical descriptions of human life. Using qualitative methods for analysis of interviews, Sullivan, Skovholt, and Jennings (2005), found that peer-nominated master therapists found balancing between offering a safe relationship and a challenging relationship was important to their work. Under the safe relationship domain they summarize the following important aspects: responsiveness to the patient's experiences and needs, including willingness to take responsibility for own contributions and mistakes in the process, actively collaborating with the patient in accordance with his or her own understanding of the problem, and joining the patient in a deep and strong relationship. The master therapists participating in the study expressed that strains and ruptures in the therapeutic relationship were something they expected in their processes with patients, this supporting Safran and Muran's (2000) work. Under the challenging relationship domain, Sullivan et al. (2005) summarize the aspects of: therapists using their selves as an agent of change in the relationship, including perceived importance of self-care in their professional and personal lives, using their own emotions therapeutically, intensely engaging the patient in the therapy relationship, working to build up intrinsic motivation in their patients, and trying to maintain an objective stance in the pull of powerful interactional forces in the therapy process.

Taken together, the research of beneficial therapist attributes has accumulated some important knowledge and insight into the therapist's contribution to the therapeutic relationship and process. Agreement grows between multiple researchers and psychotherapy theory affiliations that not only the formal knowledge, but also the person of the therapist - the subjectivity, emotionality, personality and way of being with others - is important to the success of therapeutic processes. A selection of studies from different theoretical frameworks researching the personal attributes of the therapist in relation to perceived mastery by peers and observation and measurement of therapeutic processes seem to converge at some points. The successful therapist is open and attuned to his or her experiential world, including the feelings about the patient, and seeks to use these experiences in helping the patient. As such, he or she is in line with Gelso and Hayes' (2007) recommendation that therapists must be openly present to and manage constructively feelings in the relationship with the patient. Further, he or she feels safe about taking care of own needs in his or her personal and professional life, is comfortable with complexity and is interested in and good at giving conceptual meaning to experiences. Further, the successful therapist is non-defensive, open, respectful, and attuned to the experiences of the patient, even if those experiences represent difficult feelings about the therapy, or the therapist. He or she carries hope and is interested in and good at making meaning out of experiences together with the patient. The successful therapist is aware that he or she is an important instrument in the therapeutic relationship with the patient, and strives to be present as such. Findings from studies of patients having experienced beneficial therapeutic change support this picture of the good therapist. Binder, Holgersen and Nielsen (2009) used qualitative methods to study the accounts of former patients' conceptions of what led to their therapeutic change, and found that their informants held having a relationship to a wise, warm, and competent professional; having a relationship

with continuity, safety and hope when feeling inner discontinuity; and creating new meaning and see new connections in life patterns as most important to their subsequent change.

3.3.3 Section summary and implications

The aim of this section has been to discuss results of research from different traditions using different scientific methods. At a general level, the results suggest, but cannot conclude, that there are therapists who are consistently better at doing therapy than others. However, it is difficult to study and find a general therapist effect, but easier to research the attributes of therapists when they function at their best. The findings that success is based on open and non-defensive presence with oneself and the patient, and that lack of success often is associated with the therapist being defensive, distanced and acting out negative affect, suggest that therapists work best when their intention and capacity for intersubjective relating is at its best. This understanding is in line with the theoretical development within both the psychodynamic tradition (Aron, 1996; Benjamin, 2004; Mitchell, 1993, 2000), the humanistic/existential tradition (Bugental, 1987; Greenberg, et al., 1998; May, 1983; Schneider, 2007; Schneider & Krug, 2010), and the cognitive behaviour therapies (Gelso & Hayes, 2007; Gilbert & Leahy, 2007; Hayes, 2004; Pierson & Hayes, 2007; Swales & Heard, 2007) as discussed above. However, empirical researchers still seem to lack an integration of an intersubjective epistemology in their design and carrying out of studies. Although characteristics such as openness to experience in self and other, non-defensiveness and high conceptualizing ability can take on trait-like forms in some therapists, it seems unlikely that they function on this level with all patients, at all times. Being non-defensive most often expresses itself as being non-defensive together with someone, and being able to conceptualize and make meaning out of experience often happens in a close relationship to someone who shares at least part of this experience. Without discrediting the very important

research and findings that definitely has emerged out of the research of the therapist characteristics associated with good processes, there still seems to be unanswered questions when the presence of a specific patient in the relationship is taken into the picture. Such research could yield important information about not only what describes a good therapist, but also the intersubjective and interpersonal context in which these characteristics show themselves to be of value.

3.4 Departure point for this study

Section two and three are discussions of the professional context that serves as departure point for the aim of this thesis. They serve as guide to what we need to know, guides that motivates areas for exploration such as the present one.

In section two, I discussed the developmental lines within the main psychotherapy theories. I argued that parallel shifts towards relational formulations and interests can be seen occurring in the psychodynamic, humanistic/existential, and cognitive-behavioral traditions. Such theoretical developments can be understood from a hermeneutic viewpoint as representing a need to account for salient phenomena hitherto insufficiently conceptualized and explained. Put very simply, we are in a process of theoretically accounting for important phenomena pertaining to process and relationship factors in psychotherapy. In this process we need exploration and description of phenomena that may be important.

In section three, part one, I reviewed the big meta-analytic studies of therapeutic change factors in the field. I maintained that this line of research could be seen as an argument for a contextual understanding, in which specific factors, such as technique and specific intervention procedures, are best understood in the context of a healthy therapeutic

relationship with the patient. The meta-analytic studies show that bracketing out specific interventions from this context entails the danger of both reducing effect sizes and the meaningfulness and usefulness of the results.

In section three, part two, I discussed research on the concept of the alliance (or therapeutic alliance / working alliance). The association between the alliance and outcome is robust and confirmed in many well-performed studies. The phenomenological aspects in developing, negotiating and repairing alliance ruptures, the phenomenological aspects of the alliance as a continuous process, and why this is such a strong change factor is less empirically investigated. There is a need for phenomenological-oriented research to address these questions.

In section four I discussed various findings from studies of the therapist contribution to psychotherapy processes. I argued that important knowledge of beneficial and malevolent therapist attributes now exist, but that we still need to understand the contextual meaning of these attributes, and explore their function within the intersubjective relationship that psychotherapy is.

4. THE AIM OF THE STUDY

The aim of the current study was to explore and interpret the experiences of skilled psychotherapist in situations where they had been involved in processes of difficult therapeutic impasses that turned out well. The motivation for undertaking such a deep hermeneutic phenomenological exploration is based on the following, which is substantiated by the discussion of the theoretical and empirical background above:

a) There is growing recognition and consensus between different schools of psychotherapy that the continuous process of relationship negotiation between therapist and patient has an impact on the outcome of psychotherapy, but the phenomenological and experiential aspects of these processes are less understood. By focusing the study on therapies that at one time were difficult stalemates, but later developed constructively, I aimed to address and explore such negotiation processes.

b) Research has established that some therapists seem to be better than others, or at least: at specific times with one specific other some therapists can function at their best. As the research field has not yet concluded as to the general aspects of therapist functioning, studying the phenomenological aspects of those instances where the therapists function well with a specific other seems called for. By inviting therapists with high formal skills and an apparent dedication to clinical work, and by interviewing these therapists about a difficult process that turned out well, we tried to gain access to their experiences with a clinical situation where they functioned well together with the patient. By exploring these situations, we aimed to get insight into important intersubjective processes.

c) Psychotherapy is best understood as an intersubjective process, in which experiences are both privately lived and interactionally co-created with a particular other. Acknowledging this epistemology, we aimed to explore the therapists' experiences with *one particular* patient, as opposed to exploring their general views on what is important in managing therapy processes. By this choice, we aimed to explore the phenomena of therapeutic impasses, as they were experienced within the context of a relationship with the other. We aimed to allow the participants to recollect the both their subjective experiences and the relational and

intersubjective context in which they happened. To come as close to the recollected experiences as possible, we aimed to guide the participants to the recollections of sensations, feelings, thoughts and fantasies, and away from more theoretical and/or detached accounts of their experiences. We aimed to create an interview situation in which such experiences could be recalled, formulated, and to a certain degree relived in the interview relationship.

The main objective of the current study is a phenomenological exploration of the processes involved in difficult therapeutic impasses, seen from the therapist perspective. Further, the aim is a hermeneutic reflection upon these phenomena in the context of the theoretical and empirical *zeitgeist* of psychotherapy research. By comparing accounts in a cross case hermeneutic analysis, we want to explore processes potentially common among different therapists and forms of therapies.

Summarized, the aim is to contribute with meaningful concepts and descriptions of the phenomenological aspects of being locked together with a patient, and then finding a way out of it. As such, this study is exploratory and hypothesis generating, rather than a test of specific hypotheses about psychotherapy processes.

5. METHOD

5.1 The development and status of qualitative research in psychology

Qualitative research in psychology is enjoying a growing appreciation in the research community, and we can now observe an “explosion of interest in qualitative psychology” (Smith, 2008, p. 1). This stems, at least partially, from shortcomings in traditional quantitative

research to sufficiently account for the dimension of meaning of the social phenomena that are the targets of most psychological and psychotherapy research. Discussing the "crisis of value" in mainstream quantitative positivistic approaches, Laverty (2003) holds that "there is a growing recognition of the limitations of addressing many significant questions in the human realm within the requirements of empirical methods and its quest for indubitable truth" (p. 21). Qualitative methods involve a different approach than do quantitative research, as they "involve the systematic collection, organisation, and interpretation of textual material derived from talk or observation. It is used in the exploration of meanings of social phenomena as experienced by individuals themselves, in their natural context" (Malterud, 2001, p. 483).

Human beings are meaning making subjects that are agents within their own lived experience. How they make meaning out of the various practices and relationships in which they are involved and embedded will have consequences for their acts, intentions, and self-understanding within these practices and relationships. Psychotherapy is a social phenomenon, where making meaning out of experiences of suffering and acting upon that meaning form a basis for both parties involved in the process. Quantitative research has indeed contributed substantially to our knowledge and documentation of effect of psychotherapy on a group level (Wampold, et al., 1997), and help us aggregate knowledge by the means of meta-analyses (Lutz & Hill, 2009). However, quantitative research remains inadequate in fully exploring the lived experiences of those involved in the practice of psychotherapy, and how the subjects involved act upon these experiences. Qualitative methods are considered most useful when it comes to the exploration of meanings of social phenomena in their natural idiosyncratic contexts (Camic, Rhodes, & Yardley, 2003; Kvale, 1996; Smith, Flowers, & Larkin, 2009), and, as Lutz and Hill (2009) concluded: "Qualitative

methods rely more on words, narratives, and clinical judgement, bringing back some of the humanistic quality to research" (p. 369). By and large, qualitative research is to explore the meaning of some specific human experience with scientific rigour, an activity that is "hugely interesting, engaging, challenging and rewarding […] [and that] has much to offer counsellors and psychotherapists, in terms of generating new understandings of the complexities of the therapeutic process" (McLeod, 2001, p. iix). As the study of psychotherapy in essence is the study of human beings making meaning together, research methods that entail a focus on the meaning dimension, and thereby include a humanistic perspective, are especially apt in the quest.

There is now signs of a growing harmony between the quantitative and qualitative approaches to empirical research in the field, exemplified by an expressed mutual positive regard (Lutz & Hill, 2009), a levelling of the amount of presentations and publications using qualitative and quantitative approaches (McLeod, 2001), by the development of mixed-method approaches (see for example Elliott, et al., 2009), by recent revisions of policy statements regarding evidence based practices emphasizing the status of knowledge obtained also from qualitative research (APA, 2005; NPF, 2007), and by the development of programs to meta-analyse qualitative research findings (Timulak, 2009). This has not always been the case. After it's inception, when qualitative case analysis was more or less the only approach to psychotherapy research, the ideals of positivism, with it's focus on operationalization, phenomenological reduction to numerical values for statistical analyses, and detached researcher objectivism, brought with them scepticism about what qualitative methods could contribute with. For several decades, qualitative projects were criticized and largely silenced by journal editors and academic policy makers (Camic, et al., 2003). Criticism generally focused on the subjective

nature of the qualitative research process, and that the findings produced were highly situated and less adept to generalizations than were the traditional quantitative designs.

The growing acknowledgement of the fact that the subjectivity of the researchers and the specificity of the research situation will influence which research findings are produced, led Malterud (2001) to conclude that "contemporary theory of knowledge acknowledges the effect of a researcher's position and perspectives, and disputes the belief of a neutral observer" (p. 484). This is true for both quantitative and qualitative research, and due to the scepticism that the qualitative inquiry has been faced with, important steps have been undertaken during the last decades to make such influences explicit and an integrative part of the presentation of research. Work on concepts such as reliability, transparency and transferability (Malterud, 2001), reflexivity (Alvesson & Sköldberg, 2000; Finlay & Evans, 2009; Finlay & Gough, 2003; Malterud, 2001), trustworthiness (Morrow, 2005; Nutt-Williams & Morrow, 2009), and agendas for quality evaluation (Elliott, Fischer, & Rennie, 1999; Stige, Malterud, & Midtgarden, 2009) have been developed to explicitly contextualize research and thereby increase the content value of results.

In line with the presentation above, the exploratory and phenomenological nature of the current project made a qualitative inquiry the preferred methodological approach. Thus, the project has thus been carried out as a qualitative study, within a context where there is a growing appreciation for the need for qualitative research. It is also carried out within a context where the field of qualitative inquiry has matured and developed own standards for how such studies should be scientifically carried out and presented. The following papers are thus marked by an explicit presentation and discussion of concepts that contextualize the findings, aiming to make the process of obtaining them explicit and transparent to the reader.

Descriptions of the vantage point; of the strategies for sampling participants; of how the study was carried out toward the specific findings reported; and of the researchers and their process of reflexivity; all fall inside the scope of a journal article. Outside the limits and scope of journal articles are discussions of epistemological questions guiding the choice of one qualitative approach over another, as well as a more comprehensive discussion of the benefits and losses of the choice of method for data collection. This further contextualization of the project is thus discussed here, in the following sections.

5.2 Different qualitative approaches and the choice in the present study

Within the field of qualitative inquiry to psychotherapy research are approaches that differ both with regard to how they are carried out and with regard to their underlying theory of knowledge. One important line of divide is between essentialist approaches and interpretative approaches. Essentialist approaches assume that phenomena in themselves have essential structures that can be captured by the researcher if he or she manages to bracket out his or her preconceptions and manages to describe a given phenomenon's structure as it emerges in itself.

Essentialist approaches share some basic assumptions with the transcendental phenomenology of Husserl (1977/1900) studying the structure of consciousness, and some of the approaches are directly inspired by him. Husserl aspired to reach an understanding of the essence of things by eidetic reduction, that is, by bracketing out the personal and situational context and content to reach the true essence of the phenomenon in question *in itself*. Further, he worked to bracket out the content of consciousness to study the essential structure of the content-free

consciousness in itself (Smith, et al., 2009). Thus, the idea is that a human can transcend and step out of his or her embeddedness in a cultural field of understanding. Behind the essentialist approaches lies the epistemology that universal and essential structures do exist and can become known in their pure form to the researchers. Contemporary qualitative approaches in psychotherapy research that build on this epistemological understanding are for example the phenomenological psychological method (Giorgi, 1985; Giorgi & Giorgi, 2003) and, with its historical roots in symbolic interactionism, the grounded theory approach (Strauss & Corbin, 1998).

The phenomenological psychological method (Giorgi, 1985; Giorgi & Giorgi, 2003) has enjoyed widespread interest in the field of psychology and pedagogy. It entails a stepwise approach for the researcher to bracket out preconceptions and to develop an understanding of the essential features of a phenomenon by the steps of 1) identifying units of meaning, 2) expressing or formulating the psychological meaning of these units, and 3) synthesizing the transformed meaning units into a consistent statement of the phenomenon. The grounded theory method (Strauss & Corbin, 1998) originated within sociology, but has been widely used in studies reported in psychotherapy research journals, and builds on similar ideas, while focusing more on emerging categories through micro-analyses of very short sequences of talk or text. When properly done, this approach allows for theories to emerge from the essentials of the phenomenon in question. That is why it is coined a grounded theory. Although somewhat different in their prescriptions of the steps and details of the research process, these two actual approaches share the ideal of searching for “essentials” of phenomena. Such approaches are descriptive in their ideal of staying true to and not distort the phenomenon under investigation as it makes itself known during the research process.

The other main branch of approaches is interpretative in its theory of knowledge. Within the field of academic philosophy, Heidegger (1927/1978) questioned the idea of transcending foreknowledge and preconceptions, and built his theory of the human being as thrown into and embedded in an already existing world of meaning. In formulating phenomenology, Heidegger emphasizes that this is an interpretative activity, and that interpretation never is void of pre-conceptions. In Heidegger's (1927/1978) formulation, the process of understanding is dependant on pre-existing structures of understanding. Without these experiences cannot be meaningfully understood and represented. Gadamer (1960/1975) built on Heidegger's ideas when he claimed that all understanding is situated within a context of foreknowledge, and that apart from this foreknowledge the process of understanding would be impossible. The hermeneutic idea here is that all encounters with new phenomena are interpreted in light of previous understanding. In this view the ideal of bracketing out preconceptions and fore-knowledge is not only impossible, it is also meaningless, as understanding can only happen in the tension created by the difference between the new phenomenon and the existing understanding. A preconception, Gadamer (2003) argues, can only be challenged and come to light by an open question. In such a case, one can not bracket out the preconception, but only be open to the possibility that the new experience creates tension in relation to the foreknowledge, and that the development of new understanding is warranted. Gadamer's (1960/1975) work on philosophical hermeneutics is important to the field of qualitative research in psychology as it underscores the dynamic structure of the development of understanding, and the circular relationship between preconceptions and the experiential or phenomenological domain. Where the purely phenomenological approach posits that the researcher can get access to the essential structures of a phenomenon, the hermeneutic phenomenology of Heidegger (1927/1978) and the philosophical hermeneutics of Gadamer (1960/1975) posit that our knowledge of phenomena in the world are interpreted on

basis of what we already know. This theory of knowledge is represented in approaches to qualitative research such as the interpretative phenomenological analysis method (IPA) (Smith, 2007; Smith, et al., 2009; Smith & Osborn, 2008), the relational-centred research method for psychotherapists (Finlay & Evans, 2009), the modified systematic text condensation method (Malterud, 2003), as well as other approaches such as the modified grounded theory approach (Charmaz, 2006).

The current project aims to study the lived experiences of skilled psychotherapists from a specific situation where they have found themselves in a difficult therapeutic process with a patient. The focus in the encounter with the participants was to focus the interview towards the level of their direct experiences, such as their sensations, inner states and feelings, free floating thought and fantasies, while being together with the patient. We constructed an interview guide with this phenomenological aim in mind, trying to enable for a conversation about the participants' experiences that was to a large degree unmediated by both their and ours theoretical preconceptions. How we practically worked with the interview guide to establish this phenomenological open attitude in the participants and ourselves is thoroughly described in the method sections of the included papers. The phenomenological exploration of the therapists' experiences with specific patients was motivated by an aspiration to get a better in-depth understanding of the experiential aspects of the process of establishing, rupturing, repairing, and continuously negotiating the therapeutic alliance. In the initial phases of the research process we speculated that the qualitative approaches in line with a pure phenomenological exploration would benefit such an aim. However, two aspects of the research process necessitated that we expanded this thinking into a more hermeneutic phenomenological understanding.

Firstly, as the data of the study were recollections of lived processes that at a later stage developed constructively, I found that during the interviews the participants were actively interpreting their own lived experiences as they recalled them. Although the interviews were successful at staying close to exploring experiential dimension and avoiding theoretical post-hoc closure, the experiences that the participants recalled were understood in relation to the later success of the therapy in a coherent narrative. For example, accounts of inner regulation in situations of almost losing hope, as discussed in Paper 1, take on their specific meaning in the light of the totality of the process, where hope was later fully restored and the process again developing constructively. Losing hope in another therapeutic process, in which the impasse was not resolved later and the therapy not eventually a success, could experientially be very much similar to the experiences we gained access to. The recalled meaning of such instances, however, would be quite different. During the initial interviews knowledge about how recalled experiences, although approached with a phenomenological attitude, are indeed continuously interpreted in relation to the totality of the process, made itself salient. Gadamer's (1960/1975) hermeneutic work on the relationship between parts and whole, where each part of a process is seen to take on a specific meaning in relationship to a whole in which that part is included, as well as his work on time in relation to the process of understanding, were important in working with these questions.

Secondly, when working to analyze the data material across cases, with the aim to abstract the meaning of experiences from each participant and search for commonalities among the different accounts, we found that this process of abstraction involved interpretative acts on the researcher's part. For example, when addressing the phenomena of extra-therapeutic needs in Paper 2, the expressed needs where often idiosyncratic and specific to each therapist. When we as researchers abstract the underlying motivational meaning of such different wishes as

reading fiction and attending seminars, and argue that the common phenomenon is the search for an articulation in community with others, this process of cross case analysis is interpretive from our specific viewpoint.

Based on the experiences that processes of interpretation are inherent in recalling and reproducing phenomena in the interview situation, and that the researchers necessarily contribute with interpretations from their particular experiential horizon in the abstraction of meaning of phenomena across cases, we selected a combined phenomenological-hermeneutic approach to our study. Such an approach offer tools to guide the thinking about and the carrying out of research, especially through its work on the concept of reflexivity (Alvesson & Sköldberg, 2000; Finlay & Gough, 2003). The phenomenological element lies in the preparation for and attitude toward the interview situation. The hermeneutic element lies in the dialogical engagement with the participant as he or she makes meaning out of recalled experiences, as well as the engagement with the data in the process of analysis.

5.3 The interview as a method of data collection

Researching the therapist perspective of impasses in psychotherapy calls for a data collection method that allows the researcher access to the experiences of psychotherapists, as well as their own interpretation of these experiences. Interviews provide the researcher with the possibility of obtaining very rich data about the participant's experiences with the phenomenon of interest (Knox & Burkard, 2009; Kvale, 1996, 2003; Kvale & Brinkmann, 2009). In qualitative psychotherapy research, interviews are the most widely used method of data collection (Knox & Burkard, 2009). However, when it comes to discussion of methodology, the background for, benefits of, alternatives to, and consequences of this data collection approach is rarely presented. Other data collection methods, for instance use of

focus groups (see for example Barbour, 2007) or having the participants writing diaries (Finlay & Evans, 2009), were available data collection methods. Not employing these methods is an active choice. Considerations of this choice should be included in good qualitative research, in line with the emphasis on transparency of the research process (Malterud, 2001).

Kvale (1996) evokes the metaphor of the interviewer as a traveller. The metaphor speaks to the interview as a situation where the researcher can walk with the participant for a while, and experience how the landscapes look from his or her perspective. Finlay (2009) evokes the metaphors of the voyage and the encounter in discussing the role of interviews in qualitative research. She stresses the interviews situation's inherent openness to what is important to the participant as a possible strength, especially when working within a phenomenologically oriented framework. Psychotherapists, both Finlay (2009) and Kvale (1996, 2003) claim, are trained and experienced in helping others to express verbal formulations of their experiences, and are therefore advantaged in using interviews as a data collection method. Knox and Burkard (2009) similarly point toward the similar processes involved in the research interview and the process of therapy. In the context of this study, where both interviewer and participants are psychotherapists, the choice of interview as a data collection method yields both advantages and potential pitfalls. The advantages include the mutual expectancy of safety and a non-judgemental atmosphere in the interview situation, based on experiences with similar conversations based on these premises, and a mutual interest in the deep exploration of experiences. This choice of data collection methods enables us to obtain rich accounts of the experiences that we aim to explore.

Focus groups, and other group-based data collection methods, are preferable when the difference and similarity of experiences in a group of persons exposed to the same phenomena are the topic of research (Barbour, 2007). They yield a potential for rich data as the group dynamics can help participants represent multiple perspectives on the same phenomenon, and as the difference between the perspectives can be made focus for immediate exploration. Related to the line of reasoning above, where the meaning of each impasse situation is specific to and co-created between one therapist and one patient, we do not consider our group of participants as necessarily having encountered the same phenomenon. Further, group settings do not enable the researcher to establish the level of security as can be found in a dyadic interview situation. As the topic of our interviews was difficult situations, where the participants had potentially felt vulnerable, we considered the need for safety important to gain access to these experiences as they were lived. The diary-method was considered too time-consuming for the participants in this study.

Potential pitfalls exist in choosing the interview method (Knox & Burkard, 2009). The method relies on the interviewer's ability to create an atmosphere of safety that promotes good rapport and informant disclosure of meaningful experiences. As a novice clinician carried out the interviews in this study, good preparation and practice were required. Also, when the researcher participates in the processes of the interview situation, he or she will influence what is being shared through his or hers direct and indirect communication, body language and selective attention. Being involved in such intersubjective processes in the very method of data collection requires a reflexive stance toward how the actual process influences the data (Finlay, 2003; Nicolson, 2003).

5.4 The sample

Sullivan et al. (2005) recommends that qualitative studies of complex processes make use of information-rich participants. This means participants who can be considered willing and able to verbalize experiences with nuance and detail in the interview situation. In composing a sample for this study, we worked to integrate this advice in the strategy. Further, as we wanted to study experiences with difficult impasses across therapeutic modalities, we developed our strategy to include leading proponents of the five main advanced psychotherapy educations in Norway: Institute for Psychotherapy, Psychoanalytic Institute, Norwegian Character Analytic Institute, Institute for Cognitive Therapy, and Institute for Active Psychotherapy.

We developed criteria for apparent clinical dedication, continuous clinical activity, and will to articulate. Then we collected lists of members of the different institutes that had finished the top level of the education. From these lists we strategically selected therapists who had individual therapy and supervision as their primary job, and who were active in clinical lecturing. In instances where different therapists equally fulfilled our criteria, we chose at random. This way of composing a sample is in line with what Malterud (2003) calls strategic or purposeful sampling. The benefit of purposefully sampling information-rich and articulate participants is that one will likely get very rich descriptions of relevant experiences, while the potential loss is that the sample can be too specialized.

We invited 18 participants to the study, and 12 accepted – six men and six women. Those who did not accept found the project too time-consuming for their schedules. 10 of the participants were psychologists specialized in clinical psychology, two were medical doctors specialized in psychiatry. Four participants defined their approach to psychotherapy as cognitive, three

participants defined it as body-oriented, four participants defined it as psychodynamic, and one participant defined it as psychoanalytic. Mean years of experience with individual psychotherapy was 26.6 years (SD 10.9).

5.5 Ethical considerations

This is a study exploring therapeutic impasses from the therapist perspective, and no patients are involved in the study. However, the subject of the interview was an impasse situation which involved a patient. Working with ethical considerations when designing the study, we were aware of the possibility of sensitive information being disclosed in the interviews by mistake. To meet with this possibility, we made the issue of confidentiality explicit in the invitational letter to heighten consciousness in the participants. We also developed plans for handling eventual slips; in such instances we would stop the participant and make him or her aware of the problem, transcribe the interview immediately after the meeting omitting the sensitive information, and then delete the recorded file. We discussed this issue with the secretary of the regional ethics committee (REK Vest), and got the advice that these steps were sufficient, and that no formal ethical approval was needed. In the interview, no sensitive information was disclosed, and we also found that the participants were highly attentive to the issue of confidentiality.

The recorded material was transcribed verbatim after the interviews, and made anonymous. The recorded material was kept on an USB-stick locked in a secure locker until the third article was submitted, and then deleted. The transcribed interviews were made anonymous and kept on the secure data system of Helse Førde, on the author's personal account. They will be deleted after the project is finished.

The ethical issues above where emphasized in the consent form, and informed consent was obtained from all participants. Participants were free to withdraw from the study at any time until the publishing of the first article. No participants initiated such withdrawal.

The focus of the interviews were difficult therapeutic situations were the participants may have felt vulnerable. The second ethical issue that we were aware of was the potential that the interview would evoke reactions in the participants. To meet with this challenge we included a debriefing question at the end of each interview, for the participants to be able to verbalize how they felt about the interview experience. Further, the participants had the contact information of the researchers, and were invited to make contact if there were things they needed to add or discuss after the interviews.

5.6 The process of reflexivity

Reflexivity is a contested term, building on the concept of reflection. Reflection, Alvesson and Sköldberg (2000) claim, ”means thinking about the conditions for what one is doing, investigating the way in which the theoretical, cultural and political context of individual and intellectual involvement affects interaction with whatever is being researched” (p. 245). In this understanding, the researcher needs to make explicit to himself or herself the contextual influences and situatedness of the research project. Questioning the ideal of objectivity, understood as pure knowledge of a phenomenon in itself void of any distortions by personal or situational prejudice, the need arises for a reflexive objectivity, defined by Kvale and Brinkmann (2009) as “being reflexive about one’s contribution as a researcher to the production of knowledge. Objectivity in qualitative inquiry here means striving for objectivity about subjectivity” (p. 242). Especially in the context of hermeneutic understanding, they emphasize that:

> "we can only make informed judgements, for example, in research reports, on the basis on pre-judices (literally pre-judgements) that enable us to understand something […] The researcher should attempt to gain insight into these unavoidable prejudices and write about them whenever it seems called for in relation to the research project" (Kvale & Brinkmann, 2009, p. 242).

Reflexivity within the tradition of qualitative research is the process of making the reflection about contextual influences and situatedness explicit to the researcher and to the reader of the research reports, as well as the reflective result of this process. This process may both improve the specific research in question (Maso, 2003) and improve the field of qualitative inquiry by gradually developing a language for describing such processes. Acknowledging the importance of contextualizing knowledge production, Gough (2003) argues that the process of reflexivity must account for "three distinct but interrelated forms of reflexivity: *personal, functional and disciplinary"* (p. 23). Within the word limitations of the journal articles included in this thesis, we have rather briefly outlined questions and reflections that arose in the process of reflexivity pertaining to the particular study and analyses presented in each article in the published texts. However, situating and contextualizing the totality of a research project, such as this thesis, fall outside the limits of the single article. I therefore include a discussion of these issues here, at a somewhat higher level of abstraction that is meant to complement the more specific discussions in the articles. To structure my discussion, I will use the concepts used in Gough's (2003) deconstruction of the concept of reflexivity cited above.

On the level of *personal reflexivity* the explicit positioning of the researcher's self or subjective engagement in the research process is the main objective. As Maso (2003) stresses, for a research question to be useful in designing and carrying out a research project, it must be an expression of a real and living doubt on the part of the researcher. Put simply, to have the energy to go through the workload of a research process, the research question must truly grow out from a lived doubt in the researcher that existing knowledge is sufficient to understand the phenomenon in question. As such, researcher subjectivity influences the process from before it is actually started, as it gives a direction to phenomena being deemed relevant for exploration. As for positioning myself as the author and researcher in the present project, I started planning it when I graduated from my training as clinical psychologist at the University of Bergen. During my student years I always felt in awe at occasions where the complexity of the clinical encounter was on the curricular agenda, and was correspondingly displeased in situations where I perceived that human complexity was reduced in the effort to manualize, instrumentalize or make overtly technical claims about human interaction. At such instances, I could feel that both the therapist and the patient were dehumanized for the sake of technical formulations of the psychotherapy process. During the first years of the twenty-first century, I found the force of the movement for evidence based practice (EBP) threatening the profession that I had started to identify with, not because I disagreed with the aim to build psychotherapy on scientifically sound knowledge, but because I worried about the hierarchies of scientific methods and ideals enforced by the movement, with a preference for methods grouping human subjects into pure statistical descriptions and thereby, as I saw it, reducing the possibility for research to understand human beings as actively creating meaning out of the various practices they were involved in. I acknowledged the benefit of those approaches, but feared that if they were to become the sole ideal of knowledge production, the result would be a dehumanization of both the therapist and the patient in psychotherapy research.

The past five years, I have witnessed a change of direction in this movement, entailing a greater affinity for research approaches focusing on the meaning dimension, and I no longer perceive the EBP movement as threatening the field of psychotherapy. However, this developmental history will influence the way my research questions are being posed. Although I do not see the field of psychotherapy research as in need of a re-humanization, as it was, as I see it, never fully de-humanized, my engagement in the field is marked by a wish to contribute with a humanistically informed take on psychotherapy research. In this understanding, human beings must be understood as actively making meaning out of their individual experiences, in essence irreducible to any description. The aim of such an approach will have as its ideal the phenomenological exploration of the lived experiences of the participants, with all their idiosyncrasies and complexity, and staying as close to these experiences as possible in the unavoidable process of reduction when it comes to reporting my research. The word length of the articles included in this thesis can be seen as a very concrete result of my vantage point of wanting to be a counterpart to traditions with a higher focus on descriptive reduction.

In positioning myself in relation to my research project, my activities and experiences from being clinical psychologist myself is also relevant. Initially, during my education and training, I was intrigued by recent psychodynamic, intersubjective and relational formulations of psychoanalytical theory, and I also published a few papers thematizing aspects of this tradition, especially aspects of these theories that can be meaningfully discussed in relation to infant research (see Moltu & Veseth, 2005, 2008; Veseth & Moltu, 2006).What I initially was drawn to in these traditions was the theoretical and phenomenological complexity that I perceived them to endorse. During my further development as a clinician after I started working with patients in the health care system, I have reacted somewhat negatively to what I

perceive as an inherent authoritarianism in some of these approaches, with an implicit preference for the authoritative theoretical interpretation over the experiential dimension of the patients in the here-and-now. Although I acknowledge that the recent development of psychodynamic theories stresses therapist-patient mutuality and partial symmetry, I find that the language and metaphors offered as working tools (such as for example resistance, transference, inner structural conflict), although meaningful in many respects, entail a conceptual relationship between the therapist as the knower and the patient as the not-knower. Still remaining interested in psychodynamic theory, I have thus also become more interested in experiential, integrative, humanistic, contemplative, and existential approaches to therapy understanding, and I often find myself trying to assimilate features from these approaches into my relational psychodynamic understanding of human development, and of psychotherapy process. This line of assimilative integration (Lampropoulos, 2001) is discussed above. In my personal and professional developmental process, my carrying out this research project and having had the pleasure of exploring the experiences together with the wise and open informants from various perspectives has been of great importance. By these experiences I am changed by my project, and my personal disposition for experiencing awe in the face of human complexity, my history of fearing for the depth and meaningfulness of the field of psychotherapy, as well as my gratitude to my participants for allowing me to take part in the exploration of their experiences, may have influenced how I analysed and reported the data. Other researchers might have taken a more critical stance in analysing the experiences of the participants, while my aim has been to stay as close to, and respectful to, the experiences and accounts offered me. I have seen no reason not to relate to the data offered by the participants as essentially and primarily true representations of their experiences from therapeutic processes.

Disciplinary reflexivity involves making explicit to oneself and the reader the function of a specific research project within the broader debates and tensions in a particular field of knowledge (Gough, 2003). As appears from the paragraph above, the domains of *personal* and *disciplinary* reflexivity are deeply intertwined. As a discipline often will contain subgroups and tensions between subgroups, personal identification with one subgroup over another, often based on for example personal or moral values, will influence one's engagement in the field as a researcher. As the discipline of psychotherapy research has seemingly moved towards a position of relative harmony between positivistic/universalistic methodologies on the one side, and contextual/situated methodologies on the other side, the current project is carried out in a context with less tension than for example ten years ago. I tie this especially to the growing consensus about the importance of common factors to the therapy process. I also trace a move towards an understanding that both qualitative exploratory and quantitative approaches contribute positively to knowledge in the field, and, at least in theory, both approaches are equally welcomed when done well. However, maybe due to the history of qualitative inquiry being attacked for being unscientific, I have found myself at times wanting to describe the method in this project rather apologetically. I have understood that this is a phenomenon shared also by other qualitative researchers, perceiving the quantitative tradition as dominant and dominating. This disciplinary situation is necessary to bring into the reflexive process of the qualitative study, so to explore how it might influence the way the study is being carried out and reported. One aspect that I have worked on in this process is how the rather implicit apologetic or defensive position might lead to counter-reactions of being too self-assured and overly confident in the (often moral) superiority of the qualitative method. Working with such reactions is a process of knowledge of self and inner regulation on the researcher's part, and becoming aware of such dynamics might reduce malevolent influences on the research process. My aim in working with these

processes has been to balance a scientific humility about the limitations and situatedness of my findings with an appropriate level of enthusiasm and engagement in the possibility of qualitative inquiry to be a meaningful addition, rather than a supplement, to quantitative approaches.

In the domain of *functional reflexivity* are the more specific considerations related to how one as a researcher can influence the process of the study through dynamics of definitional power in the encounter with the participants. As Gough (2003) stresses: "a key issue concerns the distribution of power and status within the research process. Although many qualitative researchers are committed to democratic forms of inquiry […] it is virtually impossible to escape researcher-participant relationships structured by inequalities" (p. 23). This is one of the more specific problems that we worked on in the reflexive process, and one that also is discussed in the articles. Planning the project, we became aware of the possibility that knowledge of the research group's thematic profile, the affiliation with professors Per-Einar Binder and Geir Høstmark Nielsen, as well as my own previous publications possibly known to some participants, could evoke in them a particular pre-interview expectation with regard to which of their experiences would be considered relevant. Binder and Høstmark Nielsen are both rather well known in the professional community in Norway and could readily be perceived as proponents of relational and psychodynamic approaches to therapy. My previously published articles were informed by relational psychoanalytical theory, infant research and the phenomenology of the present moment. The first step of working reflexively with possible pre-interview expectations was to discuss and make explicit to ourselves the possible influences such expectations might yield prior to sampling and development of the interview guide. We also discussed these potentials with a group of independent qualitative health researchers, to obtain their views on possible strategies to allow the participants to be

as free from such dynamics as possible. Based on our own thinking and the advice we obtained through these discussions, we developed the sampling strategy and interview guide. Especially in our sampling strategy this reflexive process is represented. By inviting leading proponents, teachers and experienced clinicians from all theoretical affiliations, and by having myself, a novice clinician and psychologist, perform the interviews in the participants' own offices where they felt at home and safe, we tried to counter unwanted power dynamics in the interview situation. We experienced that the measures we took were successful. Indeed, several participants expressed that they were aware of what they perceived as our purpose and interest. However, when they voiced their pre-interview expectations to our focus, they most often did this to express their disagreement with certain points. This suggests that they felt free to express what was important to them. Additionally, some participants expressed that they had looked forward to talking to somebody with our field of interest in the interview, which also points towards the positive side of pre-interview expectations of what is relevant.

5.4.1 Section summary and implications

All knowledge production is situated in a historical time and place, and carried out by researchers embedded in a wilful engagement with this context. This chapter has been an effort to make transparent to the reader the specific context and researcher subjectivity in which the knowledge in this thesis has been produced, as well as how the awareness of these aspects of context has followed the project. Important factors in this discussion is that the research questions are posed from a wish to make the meaning dimension in psychotherapy more salient in research, and from a position of slight fear that the dominant ideals of psychotherapy research should become a reduction to technicalities. The resulting findings are related to this point of departure. Further, I presented my relation to psychotherapy theory over the course of this project. My development in this area has influenced the scope of the

thesis, especially in its focus towards the experiential dimension in the interview situation. It is reasonable to believe that had I conducted the interviews, say, five years prior to this project, or had somebody else conducted the interviews, the resulting conversations would have been different. This does not mean that neither the theoretical discussion nor the findings are biased; what it means is that the reader is provided with a context for understanding the arguments and findings produced in this thesis. As the reader knows the context in which findings are produced, he or she can make a more informed judgement of their relevance.

6. SUMMARY PRESENTATION OF INCLUDED PAPERS

6.1 Paper 1

Paper 1 is called “Commitment under pressure. Experienced therapists’ inner work during difficult therapeutic impasses”. The article presents the analysis of those parts of the data material that comprise the inner work that the participating therapists experienced that they undertook during the impasses. Inner work, that is private sensations and regulations that the participants experienced as salient during the process of the impasse, was the focus of large parts of their accounts. We present three core categories common across the different participants from different theoretical affiliations. They are 1) The a priori commitment to being helpfully present, 2) Threatened hope, and 3) Difficult emotional states in the therapist in the here and now. In the article we explore the meaning content of each of these categories, and discuss how they relate to the contemporary theoretical and empirical context.

6.2 Paper 2

Paper 2 is called “The voices of fellow travellers: Experienced therapists’ strategies when facing difficult therapeutic impasses”. The article presents the analysis of the part of the data pertaining to the needs that the participants report experiencing outside therapy during the difficult impasses. The participants used significant parts of the interview to address situations where they needed to evoke relationships to others, outside therapy, to be able to work through the impasse situation. We present three core categories common across the different participants from different theoretical affiliations. They are 1) The need for a move, from confusion and bodily tension to shared systems of meaning, 2) The need for a witness, to find a home for the stalemate scenario in another relationship, and 3) The vital clearing, an experiential space between self and impasse. In the article we explore the meaning content of each of these categories, and discuss how they relate to the contemporary theoretical and empirical context.

6.3 Paper 3

Paper 3 is called “Collaborating with the patient in the struggle toward growth: Skilled therapists’ experiences of the patient in difficult therapies ending well”. The article presents the analysis of the data pertaining to the participants’ experiences of the patients’ subjectivity and contribution in the therapeutic process. The participants all used, although to varying degrees, significant portions of the interview to account for their experiences of the patient as an active healing agent in the process of therapy. We present four core categories from our analyses of these parts of the data material. They are 1) Experiences of becoming involved in the patient’s relational hinders, 2) Experiences of the patient’s courage to defy relational hinders, 3) Experiences of the patient’s open and non-defensive sharing, and 4) Experiences

of moments of meeting. In the article we explore the meaning content of the categories and their sequential process. Further, we discuss the relevance of the findings to the contemporary theoretical and empirical context.

7. GENERAL DISCUSSION

The aim of the present thesis was to explore the experiences of skilled therapists from difficult impasse situations that turned out well. The motivation for this was that the field of psychotherapy research needs to develop its understanding of the phenomenological aspects of relationship and process factors in the psychotherapy process. By exploring impasses that turned out well we hoped to gain access to important experiences and phenomena, and that this access could allow us to contribute with useful descriptions that could generate hypotheses for further scientific exploration. I will structure this discussion according to these aims. First, I will discuss how the descriptions in each separate article relate to the exploratory aim of the thesis, and further discuss their relevance to the field. Secondly, I will discuss the relationship between the different perspectives represented by the individual articles. Thirdly, I will allow for a more hypothetical and perhaps speculative discussion of possible understandings of the findings in the articles. These steps of general discussion come in addition to the more particular discussions in each separate article.

7.1 The individual papers' contribution towards the thesis' aim

Paper 1 – Commitment to helpful presence and the forces that work against it

Using a cross case qualitative analysis, we found general themes or categories across the different participants and the different schools represented in the sample. The most important

finding presented in Paper 1 is the category or theme coined: “The a priori commitment to being helpfully present”.

The participants share a common experience of the intention to bring themselves to stay helpfully present together with their patients throughout the therapeutic process. Across all the therapeutic modalities in the study, the skilled therapists experience the mode of being together with the patient as an important factor for the later success of the therapy. Helpful presence is understood as a balance between emotional availability and openness to the patient, and at the same time separateness of the selves and respect for the patient as a different person. The meaning content of our category “Commitment to helpful presence” resonates partially with the clinical theory of the existential/humanistic/experiential approach to therapy, which focuses on presence as a prerequisite for a constructive therapeutic process (Bugental, 1987; Geller & Greenberg, 2002; Greenberg, et al., 1998). Bugental (1987) defined presence as availability and openness to the patient’s and one’s own experiences, and the capacity to respond to those experiences. Geller and Greenberg (2002) similarly defined presence as “a careful balancing of contact with the therapist’s own experience and contact with the client’s experience” (p. 83), and argue that this understand the mode of the therapeutic process as *being with the patient* rather than *doing to the patient.*

In relation to already existing theory and knowledge with regard to the concept of presence, two aspects of the findings in paper 1 might be considered a contribution. The first is the fact that the category of helpful presence is drawn from representatives of all the therapeutic schools in our sample when interviewed about difficult impasses. This suggests that in doing psychotherapy, the phenomenon of moving between *being with* and *doing to* modes of presence on the therapist’s part is a common factor. When interviewed about difficult

impasses, our participants are explicit on that they experience not being able to *be with* at all occasions*,* although the experience this to be the mode in which they can be helpful. This suggests that the phenomenon of presence might be common to all therapeutic relationships, even though the individual therapeutic affiliation might not have developed a language to fully describe it. This supports the thinking within relational theory, where for example Benjamin (2004) argued that all relationships oscillate between *twoness of complementarity* and *thirdness,* and that the potential for change and growth lies in ways of being together that she coined thirdness. These two concepts can be understood as relational or intersubjective formulations of the phenomena of *doing to* and *being with.*

The second aspect of Paper 1 that might be a potential contribution is the understanding of the process of presence that it entails. We found that the participants experience their ability to bring themselves to a helpful presence together with the patient as threatened by two processes. These processes are understood to come out of different difficulties in the interaction with the patient during the impasse situation. We have coined one of these processes "Threatened hope". This is described as losing a potential future point in time with less suffering off sight. This loss makes being present to the suffering in the here-and-now difficult. Threatened hope is experienced as painful for the therapist, and represents a threat to his or her ability to stay emotionally present and open to the suffering that the patient brings to therapy to work on. This might be important to our understanding of what constitutes therapeutic presence. It suggests that such presence involves meeting openly with the difficult here-and-now, while at the same time having other perspectives and horizons active and finding hopeful regulations in those. This resembles the thinking in the attachment tradition with its focus on *marked mirroring* (see e.g. Fonagy, et al., 2004)*.* Marked mirroring is attuned presence to the experience of the other, while simultaneously marking that one is

present with a perspective. In the category of "Threatened hope" this perspective might be the horizon of time. If we return to Geller and Greenbergs (2002) notion that therapeutic presence is balancing contact with the patient's experience and the therapist's own experience, this finding is interesting: It suggests that part of the therapist's experience that might help attaining a helpful presence is the perspective of the suffering as happening in just this moment, and that other moments are to come. Further, our findings are that the process of working with the patient's suffering can become so difficult that the therapists experience losing hold of this perspective.

We have coined the second category that threatens presence "Difficult emotional states in the therapist in the here-and-now". We found that the capacity for helpful presence can be threatened by interaction in the here-and-now of the therapeutic process, especially when the patient expresses aggression toward the therapist, or withdraws emotionally from him or her. What is experienced as threatening in this category is the immediate emotional pressure that comes from interacting with the patient. In such instances, therapists find it difficult to regulate their feelings, and experience a risk of becoming reactive or acting out difficult feeling states with the patient. We find this relevant to studies finding that countertransferential problems are important for premature closure (Hill, Nutt-Williams, Heaton, Thompson, & Rhodes, 1996), studies claiming that good therapists are characterized by being able to relate to emotionally charged situations (Jennings, et al., 2003), and empirical and theoretical work on the need for countertransference management (Gelso & Hayes, 2007). In Paper 1 we might contribute to knowledge by exploring and describing the phenomenology of these processes, by discussing how the therapists experience having their professional self threatened, and by exploring how becoming reactively trapped in one's own emotional reactions limits the sense of personal freedom to be openly present in the relationship. Our

findings suggest that mismanagement of emotional reactions is destructive for the therapeutic process because they threaten the therapists' ability to stay helpfully present with the patient. This contextualizes the understanding of emotional pressure, understanding it in relation to a fleeting process of trying to stay present to the subjectivity of another person.

With regard to the aim of the thesis, this paper discusses and potentially contributes to expand on our understanding of therapeutic presence, by describing a particular relational/dyadic context in which it attains meaning as a common phenomenon across therapeutic modalities, and by exploring fleeting processes of presence, in which the other subjectivity in the relationship represents an important context.

Paper 2 – The need to reconnect with a world of others

The most important finding presented and discussed in Paper 2, is the shared experience that certain needs for extra-therapeutic activities arise from the most difficult periods of the impasse. We found that this represents needs in relation to the world of other relationships that the therapists may have. This phenomenon is common across the different therapeutic affiliations in the sample. The various extra-therapeutic activities that different participants need are highly idiosyncratic. In our analyses we have explored the motivational meaning of these activities. In Paper 2 we present two general themes pertaining to different meaning aspects of the activities that the participants report needing when not in the actual session with patients.

The first theme is coined: "The need for a move from confusion and bodily tension to shared systems of meaning". Being in the difficult encounter leaves the participants feeling disconnected from an important relational world outside therapy. This phenomenon seems to

be the experience of being disconnected from one's cognitive and linguistic tools for understanding the suffering that is the focus for therapy. This disconnection seems not to be experienced as a malfunctioning intellectual faculty of the brain or mind, but as a disconnection from the relational world of peers and colleagues with whom each therapist shares a system of meaning. This relational world seems to function as a place where the therapists' experiences can be articulated and where meaning can be created out of the difficult therapeutic situations. In this first theme, I find the aspects of confusion and bodily tension interesting phenomena. These are experiences that the participants report as motivating the extra-therapeutic activities. Bodily tension, vague pain and confused thinking can be understood as heightened affect that is not articulated in the situation of the impasse; that is, a somatising phenomenon.

Shaw (2004) argues that embodied phenomena are often neglected in psychotherapy theory and research, and that such phenomena represent salient processes that we need to get a better understanding of. Indeed, the general review of psychotherapy theory and empirical literature above supports Shaw's (2004) notion that the focus on the bodily dimensions of being a therapist is relatively scarce. When exploring difficult therapeutic impasses in this study, however, phenomena of embodiment seem to be important and normal across therapeutic modalities. Stolorow et al. (1995) theorized that affects are primarily experienced in the body, and that there is a process of desomatization in normal functioning. In this view, desomatization occurs through integrating somatic experiences of affect with the reflexive domain through linguistic and cognitive tools. This thinking is in line with the phenomenology of Merleau-Ponty (1962) stating that the body is our primordial relationship with the world. Faced with difficult impasses, the process of desomatization seems to break down in our participants, leaving them tense and confused. These are phenomena that support

and can be explained by Stolorow et al.'s (1995) concepts. In turn, these embodied experiences seem to motivate them to evoke relationships in which they can restore a linguistic understanding and re-enter therapy with greater bodily ease. The relationships outside therapy seem to help in this process by providing a sense of connection, and by offering systems of meaning from which the participants can gain an understanding about what happens in the therapeutic process.

The second general theme is coined: "The need for a witness, to find a home for the stalemate scenario in another relationship". This category differs from the first, more directly related to experiences of difficult interaction with the patient leading the therapist to the border of acting out his or her frustration. We find that the primary motivation underlying this need is to be allowed to act on immediate emotional experience in a safe relationship, and not having to professionally contain and reflect upon the difficult emotions in the interaction. As such, it can be considered a need for enactment (see e.g. Aron, 1996; Mitchell, 2000) or a need for turning passive into active (see e.g. Silberschatz, 2005, 2008) by doing to others what one experiences is being done to him or her. This acting out of emotional content is known to the literature on supervision through the concept of parallel process (see e.g. Frawley-O'Dea & Sarnat, 2001). Our findings suggest that this stems from difficult interaction during therapeutic impasses, and that, when allowed in a safe relationship, it can resolve successfully.

From a clinical perspective, McWilliams (2004) stressed that therapists need safe relationships outside therapy to work well. Our findings support this assertion. On basis of the level of regression or immediate acting out that the participants experienced need during the

difficult impasses our findings suggest that at least some extra-therapeutic relationships should be professional.

The third category is coined: “The vital clearing – an experiential space between self and impasse”. In this category we explore the experiences of re-entering therapy when having had the extra-therapeutic needs in the two first categories met. These experiences are described as not dreading sessions, feeling more comfortable and at ease together with the patient, feeling more peaceful, and so on. The category resonates with concept such as emotional/experiential capacity (Geller & Greenberg, 2002) and mindful presence (Kabat-Zinn, 2005), but further explore the relational context or prerequisite for such experiences. In our discussion of the aspects of vitality and space in Paper 2, they take on their specific meaning in relation to how they are connected to the totality of the relational matrix that the therapists are embedded in.

In relation to the aim of the thesis, the possible contribution of Paper 2 is the exploration and discussion of the phenomena embodied difficulty during the impasses, and the experiences of disconnection that the participants account for. A further possible contribution is the exploration of how relational processes outside therapy are experienced to restore a presence within therapy where there is a space between the therapist and the impasse situation.

Paper 3 – The patient’s subjectivity in the therapy room

Although we interviewed the therapist participants in the study focusing on their personal experiences and strategies as therapists, they spent a considerable amount of the time exploring their experiences of the patient’s subjectivity. Overall, they experienced that the patient contributed both to the impasse and to the resolve of the impasse. Since this seemed to

be important experiences across our participants, we analysed those sections of the interviews to look for commonalities or meaning patterns across cases.

In Paper 3, we present and discuss these phenomena through the core categories that we have coined: 1) Experiences of becoming involved in the patients' relational hinders; that is, how the therapists experience the patient as bringing previous and present outside relationships as expectations into the therapeutic situation. 2) Experiences of the patients' courage to defy relational hinders expresses how the participants experiences the patient as courageous when it comes to transgressing expectations based on painful relational experiences. 3) Experiences of the patient's open and non-defensive sharing, and 4) Experiences of moments of meeting. In the article we explored how, albeit with some individual variation between the participants, these seems to be a sequential progress through these different experiences of the patient.

Although there is consensus in the field of psychotherapy research that patients contribute substantially to their own therapeutic processes (Elliott, 2008; Rennie, 2000; Tallman & Bohart, 1999), less is known about how this contribution happens. This lack of knowledge may contribute to the patient theoretically being portrayed as passively receiving treatment, a situation that Hubble, Duncan, and Miller (1999) coin the "benign neglect of the client's contribution to change" (p. 121). Our findings that our participants experience their patients' contributions to change through a sequential process with different relational activities might offer hypotheses for further exploration. The fact that the participants spend significant parts of the interviews accounting for patient contribution suggests that they are not experienced as passive receivers of treatment.

In Paper 3, we describe experiences of the patient as contributing with agency and courage in moving the relationship to larger relational and emotional depth. From the departure point represented by category one, where the patient is experienced as embedded in relational hinders, the process moves on by the patient courageously transgressing fearful relational expectations and developing a genuine and vulnerable contact with the therapist. Category four, experiences of moments of mutuality, resonates with Stern's (2004) work on moments of meeting. The findings in this article expand on Stern's working by exploring the context in which such moments happen.

We explore and discuss how the therapists' succeeding in listening to the patient on at least two different levels mediates this process of experienced change in relational depth. This represents an interactional understanding of contribution to change: where the patient invites to a deeper relationship, the therapist must pick up on the invitation for it to have a constructive effect on the process. We find that the therapist listening on at least two levels is important to this process. The first level of listening is to the explicit content of the patient's complaint, his or her life story and the presenting symptom or problem. Parallel to this, the participants in our study listen to often non-verbalized expressions of their patients' relational expressions and needs. They experience that this listening process enable them to pick up on and explore the patients' invitations to relational depth, and that this helps them form a new and more genuine relationship. This relationship is different from what the patient brings to the process in the form of implicit and difficult relational expectations. As such, listening on two levels invites the patient to let the present relationship take the foreground.

The exploration in Paper 3 underscores the importance of the real encounter between the therapist and the patient. The patient is experienced as an active agent contributing to

relational encounters in therapy that may be helpful to them. These findings support research stating that patients actively co-create the therapeutic relationship to fit own needs, and that they are working to make constructively use of the therapist, even if he or she is off mark (Rennie, 2000; Tallman & Bohart, 1999). Further, our findings support Williams and Levitt's (2008) findings that patients contribute by actively preserving a beneficial relationship with the therapist, and Binder et al.'s (2010) findings that such active contribution to an open relationship is connected to how patients experience outcome.

Control mastery theory (Foreman, 1997; Silberschatz, 2005) has formulated this process theoretically, stating that patients have unconscious plans that they will test in the relationship with the therapist. In control mastery theory, decrease in suffering depends on how well the therapist performs on these tests. This latter point is interesting with regard to our exploration of the different levels of listening in therapy, as the therapists' performance in such processes must depend on their ability to listen to and experience the patient's subjectivity and subjective needs when being involved in a relational plan. I find this interesting, as our study may be considered an exploration of the patient from the therapists perspective, during the relational tests theoretically described in control mastery theory.

If it does, as it is often said, take two to tango, one could safely believe that it also takes two to do psychotherapy. Paper 3 explores aspects of this dance. In relation to the aim of the thesis, this article explores and describes experiences of patient contribution, and how this is intertwined with the relational listening that the therapist contributes with. This exploration challenges the notion of contribution by understanding it in the context of a relational process of invitations and responses. The present study cannot say anything directly about the patient's subjectivity in this process, since it is an exploration of the therapist perspective. In

this regard it can only generate hypotheses for further exploration. But, as these were processes that later turned out well, we can hypothesize that how the therapists related to the subjectivity of the patients' was to some extent fitted to their needs in this relationship.

7.2 Relationship between the individual papers

The three individual articles explore how the therapeutic encounter is populated with a series of relationships, both between and beyond the two parties involved in the therapeutic dyad. In the exploration of the experiences of skilled therapist working through difficult therapeutic impasses that later turned out well, they represent interconnected but separate perspectives. Paper 1 explores the therapists' inner world, the ways the therapist relates to him or herself during the impasse. Paper 2 explores how this inner world is continuously connected and related to the therapist's relationships outside therapy, and how, if the therapist is disconnected from this relational world, being present in himself or herself becomes difficult. Further, Paper 3 explores how the therapists experience the subjectivity and agency of the patient, in the process where he or she is experienced to bring previous relationships to the therapeutic encounter, and then transcend them in the relationship with the therapist to form something new and genuine.

From the basis of the first article focusing on the therapists' experiences of self and presence, the two following articles can be read as an inquiry into relationships that appear to give shape, texture and meaning to the therapist's inner states during the difficult therapeutic impasses. The notion of "inner" is expanded through exploring how the therapist's subjective presence in himself or herself is permeated by ongoing relationships with others, both the actual patient and extra-therapeutic relationship in the therapists' lives. Together, the articles

explore how the experience of the patient's subjectivity and the outside relationships function as important constituents of the therapist experience of own presence.

7.3 Speculations: Psychotherapy theory as relationships?

Common factors are phenomena that are salient in psychotherapy processes no matter what theoretical approach you affiliate yourself with. The therapeutic relationship, the therapist and the patients are examples of such (Wampold, 2001). Common factors account for a significant portion of the variance in change, whereas theoretical approach or technique account for much less (Norcross, 2002b; Wampold, 2001; Wampold, et al., 1997). This might lead to the conclusion that psychotherapy theory and technique are less important, or even unimportant. An exploration such as the one being undertaken in this thesis, where so many categories or phenomena are shared across modalities, might suggest same conclusion. I will argue that this conclusion is wrong, maybe even destructive to the field, and I will speculate that one can generate the hypothesis from the findings in this thesis that the exact opposite is the case: That the particular theory a professional psychotherapists uses as guide to his or her work is of utmost importance to the quality of the therapeutic work that he or she does. Further, these speculations can be considered an argument against care-free theoretical eclectism and an argument for assimilative integration (Lampropoulos, 2001), as mentioned above.

One of the findings in this thesis is the phenomena of embodiment and the experiences of outside relationships' ability to help the therapists de-somatise affect. This might generate hypotheses about the role of theory in the practice and process of psychotherapy. Consider, for example, the concept of negative automatic thoughts in the cognitive-behavioural therapies. One can speculate that the documented effect (Follette & Greenberg, 2006) of this concept with people with dysphoric disorders results from the patient developing a tool for

recognizing certain patterns in the way he or she relates to himself or herself. And further, that this tool when integrated evokes a relationship to an alternative position from where the patient can view himself or himself with a perspective. Can this alternative position be understood as a relationship with another person, such as the therapist or the author of a book?

We can assume that people who for a long time have ruminated depressively have been told many times by their friends and family not to automatically be pessimistic in every instance, without this having helped them much. Why should a therapist or textbook saying essentially the same then be of help to them? To explore this phenomenon we should recall Castonguay et al.'s (2006) finding that specific therapeutic interventions, such as CBT's focus on negative automatic thoughts, are generally unhelpful outside the context of a good therapeutic alliance. The advice from friends and family to be less pessimistic might happen within a relational configuration in which the patient feels judged, pressured, or feels that he or she is disappointing loved ones. The person in question does not want to relate to the system of meaning offered in this particular relational configuration.

The potential in psychotherapy might reside in the novelty and structure of this relationship. In good psychotherapy processes the therapist offers attunement, warmth and acceptance to suggesting an alternative perspective, which in turn the patient can relate to feeling less vulnerable. In such a view, the concept of negative automatic thoughts in itself seems less important than the relationship it may be established through and evoke in the patients self-other configuration. The concept in itself matters only as far as it is a trustworthy representation of the phenomenon experienced by the patient when ruminating. If the concept is a metaphor that can stand for and signify the depressive experiences, and if the patient feels that the perspective offered by the therapist is a credible way to less suffering, then it might be

of help. As such, the concept of negative automatic thoughts can be understood as a relational connection to a system of meaning shared with the therapist. This connection depends primarily on the relational climate in which it is negotiated, and secondarily on the representational power of the metaphor. None of this suggests that negative automatic thoughts exist, but the depressive suffering that can be captured by this as a metaphor does, albeit idiosyncratic to every person.

Consider further the confusion and bodily tension in the therapists in this study face during very difficult therapeutic impasses with heavy suffering on the patients' part. This seems to motivate the participants to take action to reconnect to their extra-therapeutic relational world. Might the therapists in the disconnected and confused situation experience processes parallel to what their patients' experience? By taking measures to reconnect with a shared system of meaning, the therapists re-establish relationships to others outside the therapeutic process. These relationships offer a position from which the therapist at first can gain a perspective and understanding of what he or she is involved in. Further the therapist can invite the patient into this world of understanding.

Similar to the example with the patient above, the therapist needs his or her extra-therapeutic relationships to provide a metaphor or understanding that is a trustworthy representation of his or her experiences. Trustworthiness, in a professional context, will build on the consistency of the theoretical approach, the possibility for including a variety of phenomena into core meaning structures of the theory, and that central concepts are or can be empirically validated.

In understanding psychotherapy theory as identification with a relational field that shares a set of metaphors, one excludes theoretical window shopping or eclectism as a possibility. It

seems unlikely that the concept of negative automatic thoughts can have similar representational power for an analyst that is tempted by impressing research results and for a master of cognitive therapy that structures all his or her therapies around this meaning system. For any part concept to take on its proper meaning as a metaphor, knowledge of and attachment to the whole meaning system must be in place.

7.4 Implications

Implications for therapist training

Being a psychotherapist involves a form of professionalism where one's subjectivity takes the centre stage. You are yourself the main instrument, is the mantra taught in therapy educations. This thesis explores how tensions between being a professional and being a fellow human, being at work and being openly present with own personal pain, and being a responsible authority and experiencing helplessness all are continuously experienced, resolved, and experienced again during the therapeutic process. Being the instrument is demanding when the process gets difficult, as is explored and detailed in all three articles in this thesis. It seems important that psychotherapist training institutes continue to integrate activities aim at personal development in their curricula.

The ancient Greek aphorism, "Know thyself", often attributed to Socrates, expresses key features of the therapists' experiences of what helps them staying helpfully present in the therapeutic process. In this thesis I explore how knowing oneself also seems to be inseparable from knowing others. Socrates humbly acknowledged the infinity of the "know thyself" imperative; that it could be never fully achieved. Paradoxically, he held that self-knowledge cannot be achieved but through others, and that it is a crucial form of social knowledge (Scholtz, 2006). In this thesis I explore how the wisdom of the proverb is guiding skilled

therapists' experiences in the specific context of a difficult therapeutic situation. The findings emphasizing the connection between being present with oneself and being present to others might be interesting for training institutions planning for therapist development.

Implications for clinical work

The findings in this thesis may contribute more directly to the ongoing reflection and dialogue about clinical practice. For the reader-clinician who finds the results of the articles representative of experiences that he or she has worked to formulate, can benefit from the thesis by letting it support his or her professional reflection. When this thesis aims to create meaning out of difficult experiences encountered in therapeutic situations, this can help the therapists recognize and gain reflective control over such processes in their own practices. In turn, this may help them help their patients better. Implication for clinical practice depends on the reader-therapists' perception of the validity of the findings in the articles. To the degree the findings and the reflexive process behind the findings are valid and relevant, they may contribute clinically.

As we have had the benefit of getting feedback on the published articles, as well as at conference presentations of the findings, I have the reason to believe that the thesis has contributed in this way. As one aim of this study is clinical relevance, such experiences are highly rewarding.

Implications for future research

In the discussion of each of the individual articles above, I have suggested the possible contributions of the resulting concepts and discussion. These suggested contributions represent issues that that might be further examined using various methods and approaches.

Mostly, these possible contributions are suggestions for expanded phenomenological understanding of already existing concepts of psychotherapy theory and research. The phenomenological aspects discussed in the separate articles might inform and generate hypotheses for future larger-scale research. For example, the finding that participants across different therapeutic modalities experience therapeutic success to depend on their ability for open presence rather than any other aspect of their professionalism seems important. This could motivate both conceptual work within approaches to therapy with hitherto lesser focus on therapeutic presence, and empirical work to investigate aspects of presence with different patient populations and within different therapeutic modalities. Further, it could inform future research on therapist development, research on therapist training, as well as research on psychotherapy integration.

Further, the finding across participants that therapeutic impasses are experienced to lead to confusion and bodily tension with the perceived risk of acting out, could be informative of further research of ruptures and repairs of the therapeutic relationship. As shown, phenomena of embodied experiences in the therapist are not well understood in the literature. The findings in this thesis suggest that this can be an interesting area for scientific attention.

With regard to the process of reflexivity, I argued that my foreknowledge about and interest for relational theory could yield both possibilities and potential pitfalls. It would be interesting if a researcher with a different focus interviewed skilled therapists about therapeutic impasses that turned out well, and consider his or her findings in relation to these. Such an exploration from a different point of departure might yield interesting new findings, and also study the strength of the experiences that I find across my different participants.

7.5 Limitations

7.5.1 Exploratory studies

Exploratory studies such as this thesis cannot establish causality. I cannot know for sure if, for example, helpful subjective presence is actually helpful for the patient. I can only explore, analyse and describe the experiences of the participants. When the participants experienced their selected therapy for the interview, it was based on their experience that it ended well. I cannot know if the respective patients experienced the process similarly, as I have not interviewed them. Further, I have studied the retrospective recall of therapy processes from the therapist perspective. In the process of recalling therapy, some post-hoc construction is likely to have happened in the process of arranging the account in a narrative form. The accounts in such an exploratory study will therefore represent an approximation to what actually occurred during the therapy process. However, the experiences explored in this study are the experiences that the participants carry with them and use to guide their practice with new patients.

These limitations reside in the nature of exploratory study. An interesting future study would be to simultaneously interview the therapist and the patient about the same, preferably ongoing process.

7.5.2 The sample

The sample consisted of twelve highly skilled therapists, recruited on basis of their dedication and articulation. The size of the sample is standard for such exploratory studies that aim at generating hypotheses rather than establishing universal knowledge. Although important in the process of exploring complex issues, the findings produced in this thesis cannot lead to conclusions regarding the larger population of experienced therapists. In addition to the

sample size, the level of speciality, the clinical dedication and the ability to articulate experiences might decrease the general validity of our findings. With regard to implications for further research, Smith (2008) argued that the general validity of findings from qualitative research can be strengthened by different researchers studying the same topic with different samples.

The role of exploratory studies in psychotherapy research is primarily to explore processes as experienced by a specific group of therapist in a certain socio-cultural context on the one hand, and to stimulate ideas and theoretical inquiry and inform further questions for investigation on the other. For this aim, the sample has contributed to a rich data material.

8. CONCLUSION

The aim of this thesis was to explore and describe how skilled therapists from different theoretical affiliations experience difficult therapeutic processes. We interviewed twelve skilled psychotherapists in-depth about specific instances of impasses that later turned out well. We employed a hermeneutic-phenomenological approach in designing the study and analysing the data. Through our analyses we found categories common across the different participants that we have presented and discussed in three separate articles.

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